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ABSTRACT

The question of drug abuse prevention is examined in this booklet. Addressing itself to a variety of disciplines and professions, the book reveals the effectiveness of prevention programs implemented in classroom, school and community settings. It draws on the experiences of several dozen drug abuse prevention programs that were either visited or assessed as part of an intensive research and review process. Strategies and educational techniques for prevention programs are emphasized, and organizational models for schools, communities and minority groups are presented. The emphasis is on how individual people can reach across age and social barriers to work with youth and help them live without drugs. (Author/PK)

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

#011769

It Starts with People

Experiences in Drug Abuse Prevention
by Henry S. Resnik

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

Prevention Branch
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This book is about drug abuse prevention. It shows what each of us can do to help the young people we know grow up without drugs. It is for parents, for teachers, and for others who want to be involved with youth.

And it's about people—the people who have discovered how to reach across age and social barriers to connect with youth, to work with them, and to help them live without drugs. We hope you will see yourself in these pages. We hope you will find the time to try some of the approaches described here with the young people in your life.

You may find this book helpful in your personal contacts with youth. You may find in it ways to start or to improve drug abuse prevention activities in your own community, in your school.

Organizing efforts to help young people within your community and schools is critically important. They represent the future of our country and we need them to be strong, to be able to handle the problems they will have to face.

But individual efforts are also equally important. We must make room in our society for youth. We must help them to assume responsible positions, to take control of their own lives, and in turn to help their friends. Adults must lead, must guide, must set limits and exercise responsible discipline, must help America's youth to grow into tomorrow's adults. Free of dependence on drugs.

Robert L. DuPont, M.D.
Director
National Institute on Drug Abuse

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INTRODUCTION

Wendy French

By the time Wendy French reached her senior year of high school in Boise, Idaho, she had already established herself as an active member of her community. She had won a National Merit scholarship, chaired several high school clubs, and been chosen Miss Idaho Teenager. She had also served as a peer counselor in a program designed to provide young people with alternatives to drug abuse. The program was sponsored by an agency called Community Coordination on Drug Abuse Control—C$_2$ODAC—which was set up in 1972 as a response to widespread concern about drug abuse among the community's youth. Wendy even served a term as president of the C$_2$ODAC board of directors.

"I really enjoyed it," Wendy said, thinking about her years with C$_2$ODAC one warm summer day following her high school graduation. "I think as peer counselors we were friends more than counselors. I was amazed by the last girl I worked with. She was sent to C$_2$ODAC by her probation officer and at the beginning she would hardly talk to me. She was in her shell. Then she started opening up a little. She told me she wasn't getting along with her mom and dad. She was having trouble with several of her teachers. We always tried to find out what kinds of things the clients liked to do and I discovered after we'd been together a while that she liked dogs. I had two dogs I was getting ready to show, so we went to dog shows together. I had heard that the counselor at her school was very good and I suggested she talk with him. Then—in a very little time—she was getting straight *A*s and she was on the volleyball team and the team took one of the tournaments. She started getting along with her parents better and she didn't feel so much that everyone was down on her. It was like before and after. All she needed was a friend who was willing to show some interest in her."

Many of the kids who came to C$_2$ODAC were from troubled homes and sometimes, Wendy observed, "They could be so distrustful. They wondered what our game was and why we wanted to work with them. This girl wasn't used to having anyone take an interest in her. The pressures of society get to these kids. You've got to be strong in today's society—or else you suffer."

Wendy was chosen to represent the peer counselors on the C$_2$ODAC board when her name was drawn from a hat. In the nearly two years that followed, before she left Boise for college, she never missed a board meeting. It was a vivid lesson in the politics of youth service organizations. Wendy became board president by default when all of the other board members resigned in the middle of a crisis.

The high point in Wendy's term as board president came when she and C_2ODAC director Stanton Tate made a presentation to the local juvenile justice review committee as part of C_2ODAC's request for renewed funding, which some members of the committee had challenged. "It was a little scary," Wendy recalled. "Here I was, a youth, coming to talk about the workings and finances of the agency with a group of professionals." But Wendy and Tate prevailed: they convinced the committee that its main argument against refunding C_2ODAC was based on a mistake made by one of the committee's auditors. "Once they admitted that," Wendy said, "we made them put it in writing. I went and typed up a letter for them to sign before we left the hearing. The hearing took four hours. It was exhausting, but we won."

Joe Harden

The West Dallas Community Centers Drug Education and Prevention Program is based in a massive housing project built in the post-war years by the Dallas Housing Authority. Today West Dallas is literally a colony of poor black and Mexican-American families struggling for survival, employment, and self-respect. Beyond the rooftops of the dilapidated two-story brick buildings of West Dallas, the skyscrapers of downtown Dallas seem to loom over this community like a giant fist sticking up out of the flat surrounding prairie.

Roy, a handsome black youth of eighteen, is one of those whom the WDCC Drug Education and Prevention Program has helped. Roy is on his way to making it. His chances are good.

Three years ago the opposite was true. Roy hardly ever went to school. Instead, he spent most of his time looking for drugs, using them, stealing, and getting into any other trouble he could find. Now he is attending a nearby community college and he has hope and confidence. When asked what aspect of the Drug Education and Prevention Program made the difference for him, Roy answers very simply, "Big Joe."

Big Joe is Joe Harden, a robust black man in his early thirties who has spent most of his adult life working with young people. Big Joe is a model of gentle, good-humored toughness. He does a great deal of his most effective drug abuse prevention work while he is hanging out on street corners.

"I came to Dallas from Washington, D.C.," Joe says. "I came here to visit friends on my way west and I stopped to build up my funds. I was hired by West Dallas Community Centers as a coach. Now my title is 'caseworker.' We started our own movement in the staff. We were doing more than being coaches; we were dealing with behavioral problems.

The organization is still changing and we're still working on it. We're all becoming much more aware. We've reduced the number of dropouts from high school and junior high school. We're letting the kids know that they need credentials because we live in a credentialed society. And we're also letting them know that they have to become active members of their community by broadening their horizons and raising their awareness levels. That's the only way they're going to survive. A lot of kids are born with fifty thousand alternatives. Their daddies have a checkbook full of alternatives. Not our kids."

Cleve Cunningham

It is a terribly hot summer day in Nevada City, California, a fast-growing community in the Sierra foothills where an organization called Youth Self Help is making its mark as one of the outstanding rural drug abuse prevention and youth service programs in the country. Under its new director, Cleve Cunningham, Youth Self Help has entered a period of reorganization and new growth, requiring extra effort from all of its staff.

Cunningham has been working day and night, especially this week, because a new effort of Youth Self Help, a day camp that costs families only a dollar a week and is staffed largely by volunteers, is making its debut. Cunningham's wife, Claudia, is the camp director. His teenage daughter and son are counselors. They too have been putting in long, exhausting days. The camp, it appears, is a great success and is already winning new respect for Youth Self Help among community leaders.

"Yesterday, after the day camp session was over," Cunningham says, "my daughter came over to me and just kind of collapsed on the ground and said, 'I've never been so hot and tired in my life! I don't know why I'm doing this!'" Cunningham savors the pause. "I just told her, 'I think this is what's called paying your dues. Seven or ten years ago somebody did it for you and twenty years from now somebody will do it for *your* children.'"

Al Duca

One rule of thumb in the field of drug abuse prevention is that starting up a new program is never easy. It takes time, energy, and commitment. Few people in the field have learned this lesson as thoroughly as Al Duca, founder of the Gloucester Experiment in Gloucester, Massachusetts.

A prominent painter, sculptor, and metallurgist who was raised in Boston and who served for several years on the faculty of the Massachusetts Institute of Technology, Al Duca decided in 1962 to make his permanent home in Gloucester, forty miles north of Boston on a rugged neck of land known as Cape Ann. Duca had a long history of working with youth organizations on a volunteer basis and often employed young people to assist him in the construction of large sculptures. The move was not a turning away from the problems and stresses of urban life so much as a way of dealing with very similar problems and stresses in a different setting.

Gloucester was not exactly a picturebook fishing village. It had its areas of comfortable summer homes, but it also had pockets of poverty, high unemployment, deteriorating commercial buildings, and other characteristics commonly associated with urban blight—including a significant portion of youthful drug abusers and high school dropouts. Duca proceeded to look for ways of providing the young people of Gloucester with constructive activities and, more important, of creating positive changes among the community's youth by changing their environment. Duca calls his initial strategy "the search."

It was a search for a project that could eventually have an impact on the total community—not just young people, but their families, the schools, and local government, spreading continually outward in a ripple effect. The search began in the fall of 1970 and culminated three years later in a project that is still in operation and promises to have nationwide impact. In between, Al Duca, his wife and children, and a circle of friends and colleagues talked together, experimented with projects, wrote letters and proposals to potential supporters, organized meetings—worked hard, in short, until they knew they had a project that would create the kinds of changes that were needed.

Looking back on the search from a vantage point of several years and a continuing ripple of success (in 1977 the Gloucester Experiment became a model for a new experiment in program model replication funded jointly by the National Institute on Drug Abuse and the

Prudential Insurance Company), Duca illustrated the intensity of the search by referring to a 1972 calendar. Most days, he pointed out, were filled—with appointments with city officials, legislators, businessmen, school people, high school students, private and public funding agencies, and almost anyone else who might be sympathetic or helpful to the cause. Duca indicated a large white space in which there were hardly any appointments. "See this month?" he said with a smile. "That's one of the months when I had to stop so I could take on a commission for a sculpture and earn some money."

Lin Woodard and Denzil Morrissey

Project INFO, a drug abuse prevention program based in Whittier, California, specializes in improving communication within families. In four years, more than 1,000 families have participated in the project's seven-week training course.

Although Project INFO is an independent, nonprofit corporation, the classes meet in school buildings, and the project's offices are located in one of the high schools. In effect, Project INFO is a collaborative effort of the Whittier school district and the project's energetic director, Lin Woodard, and her staff. Like so many other drug abuse prevention programs, this apparently smooth collaboration took time to achieve.

"This is a conservative community," says Woodard. "It's difficult to build up trust in a conservative community and we've been very cautious." Woodard began planning for Project INFO as long ago as 1968, when, as the mother of five adolescents who were *not* having drug problems, she decided to take the positive approach of asking several friends who were similarly blessed, "What are parents like us doing *right*?" The answer, which Woodard began to explore with a group of community leaders and school district staff members, led to Project INFO's premise that effective family communication can be a factor in preventing drug abuse.

Denzil Morrissey took the job of superintendent of schools in Whittier after several years as a high school principal in Santa Cruz, California, where the drug crisis of the 1960s hit particularly hard. "The newly established university in Santa Cruz attracted people who were part of the drug culture," Morrissey remembers. "It was very disruptive in what had been a quiet, established community. I met with our school's PTA and I said, 'This problem is bigger than we are. We need some help.' Their reaction shocked me. All the parents wanted to do was blame the schools for not doing anything about the problem. I found myself continually on the defensive, confronting very angry parents. But I was also disturbed by the way the adults lashed out at the kids—this was a symptom of a deeper problem. It seemed to me that everywhere I went people kept telling me how terrible the kids were. The adults were cannibalizing the kids."

In Whittier, Morrissey found the situation was altogether similar. Young people who used drugs were viewed as outcasts—in Morrissey's view, they were "totally rejected."

Morrissey decided to combine energies with Lin Woodard and her growing coalition who wanted to see a "total community" approach to drug abuse prevention. Now, five years later, it is an approach that has begun to produce new alliances among community agencies and, according to Morrissey, a recognition in the community that "people needs" deserve a high priority.

"It wouldn't have happened without Lin's personality and approach," says Morrissey. "At the beginning she gave me a forum to say that this is what the school district and the community wanted. She helped me to convince the rest of the community. She helped me push for prevention instead of reprisals."

Project INFO held its first meetings in Lin Woodard's livingroom and was run entirely as a volunteer program. When the project's first grant was finally approved, Lin Woodard was ready to ask the superintendent of schools for a favor. "I called Denny and asked if he had a place where we could meet," says Woodard. "He helped us get our first room in the high school. We didn't want it to be a storefront. That just wouldn't have worked here. I *know* this community and it wouldn't have worked."

Jane Kim

In the last decade the ethnic and cultural composition of Los Angeles, California, has undergone dramatic changes as the city has been swept by waves of immigration and upward, or outward, mobility. Visitors to Los Angeles, and even many people who live there, tend to think of the vast metropolis in simplistic terms; to them, Los Angeles is smog and movie stars, freeways, and sunshine. Yet, in the central city the Asian-American Drug Abuse Program—with a staff of 30—struggles daily to maintain contact with and provide services to its vast and far-flung constituency, spread across a city so large that it can rarely be crossed by automobile on high-speed freeways in under an hour.

The constitutency of AADAP is comprised of 21 different ethnic and cultural groups, many of which have little in common except for a racial and cultural heritage rooted in a corner of the Pacific region. It is primarily a political alliance. Chinese, Japanese, Koreans, Vietnamese, Samoans, Filipinos, Guamanians—all are sizable minority groups within the Los Angeles city/county population of seven million. All have urgent needs for a variety of services. "Most of our work tends to gravitate towards the central city," says Ron Wakabayashi, director of AADAP's prevention component. "That way, we can tie in better with existing systems. We can serve as a bridge. In the Asian community, there's great distrust for majority culture institutions."

One of the largest Asian groups in Los Angeles is the Koreans. In 1970, there were 7,000 Koreans in the city; today there are more than 80,000. Jane Kim, a recent UCLA graduate, provides services to Korean youth as a full-time staff member of the AADAP prevention component. The Korean youth program is one of several different prevention programs operated by AADAP. It was established because of a significant lack of youth services in the Korean community. Jane does individual and group counseling, leads recreational activities, visits Korean students at their high schools, translates instructional materials from English to Korean, and—with co-worker In Hwan Kim—spends several hours a day at AADAP's Korean Youth Center, in the heart of the Korean district that spreads out on either side of Olympic Boulevard, one of the city's major streets.

Driving along Olympic Boulevard on her way to the youth center, Jane points out a gaudily decorated building at a main intersection. The building is topped by a huge neon sign announcing "American Burger." There is a Korean youth gang named American Burger, Jane observes, and one of the projects of the youth center is to involve this group in activities like soccer and basketball as an alternative to "getting into fights all the time." Another activity being sponsored by the youth center is a Korean Senior Prom—an alternative to conventional high school proms for Korean youth who feel alienated from the mainstream of high school social activities. The prom will be held at a good Korean restaurant on Olympic Boulevard. "We're going to have a group called Hiroshima play at the senior prom," Jane says. "They do contemporary Asian jazz. They're Japanese, but Korean kids like them. Koreans eat a lot of Japanese food, too—many of these restaurants serve both kinds."

As she drives, Jane describes the variety of activities she and In Hwan have initiated through the center: transportation for Korean youth to athletic and cultural events; meetings for parents; a resource fair for adults and youth, demonstrating how to gain access to the various social services and other resources available in the city. The list goes on.

Jane herself grew up in a "majority culture" setting. "I had feelings of rejection and isolation," she says. "I was ashamed of being Asian, especially Korean. Now I feel differently. And I know how these kids feel. The schools don't have any bilingual teachers or counselors and lots of the kids have problems just communicating. They don't have friends. They don't want to go to school. I'm a mediator for them. I'm an advocate."

Jonnie McLeod

A pediatrician who specialized in health education for the Mecklenburg County Health Department in Charlotte, North Carolina, Jonnie McLeod gravitated naturally toward prevention activities when the youth of her community began to experience severe drug problems in the late 1960s. "I knew *treatment* didn't prevent drug abuse," says McLeod. "I knew from my experience counseling families where the problems begin. They begin in the family system. I could almost predict someone would get involved in self-defeating behavior by knowing the family background. I had a strong hunch that prevention was the answer, but in the beginning I didn't have anything except my experience and my hunch to back me up."

Now McLeod has some fairly systematic evaluation data to support her hunches. She also has five years behind her as director of the Charlotte Drug Education Center, one of the most comprehensive and innovative drug abuse prevention programs in the country. In 1971, when the Charlotte program received its initial funding, McLeod faced a difficult decision: whether or not to leave her medical practice, take a cut in salary, and accept the position of executive director of the newly funded program—a position that was not only less secure than medical practice, but one that promised longer hours and the continual frustration of experimenting with something new and untried.

Why did she make the move? McLeod hesitates before answering. "It was the logical thing to do. I was already spending so much time in prevention as a volunteer. We had kids coming to our house in crisis and we were bedding them down. I was talking with people about prevention and attending meetings and organizing. I believe in prevention. I believed in trying this. I decided that, rather than do two things and divide my energies between them, I would do one thing well."

This is a book about drug abuse prevention. It is also a book about people. One of its major premises is that effective drug abuse prevention depends on people who understand the problem and who want to do something to solve it. This book was written in order to increase that understanding.

The people who have brought hope and strength to the field of drug abuse prevention in recent years are similar to those who are profiled in the preceding pages. More and more of them can be found in communities across the country and in settings as diverse as classrooms and courtrooms, playgrounds and street corners. This is a book about these kinds of people and the programs in which they have been involved.

Although this book focuses at times on individuals, it is not intended as a series of personal tributes. Those who work in drug abuse prevention programs rarely do it for the glory; in truth, there is very little glory. There is hard work and usually a profound sense of personal satisfaction.

The purpose of this book is to show other people who are similarly inclined that drug abuse prevention is more than a vague idea or a distant goal. It is happening now and has already demonstrated its effectiveness. Yet this is not a "how-to" book or a recipe book. It offers illustrations instead of prescriptions, principles instead of rules. Throughout, it is based on documented examples.

Program managers and others looking in these pages for precise steps for setting up drug abuse prevention programs will be disappointed. The most significant lesson this book can offer is that there are no precise steps. Rather, there is an abundance of experience and there is the benefit of knowing about the successes, the failures, the problems, and the challenges.

More than anything else, this book is a description of the state of the art of drug abuse prevention in the past year. It draws on the experiences of several dozen drug abuse prevention programs that were either visited or assessed as part of an intensive research and review process. It also draws on interviews with numerous leaders in the field, many of whom have focused their energies on drug abuse prevention for a decade or more. Due to inevitable limitations on time and resources, many excellent programs were not visited. There are an estimated 9,000 to 15,000 drug abuse prevention programs in this country and the research for this book could only attempt to include a few, relatively, of the best.

To whom is the book addressed? The realm of drug abuse prevention grows constantly wider and now encompasses a variety of disciplines and professions. Juvenile justice, education, medicine, recreation, the arts, community organizing, mental health, volunteerism, politics, organized religion, and business are a few of them. Anyone in these or related fields who is interested in dealing with drug abuse, particularly by improving the lives of young people, the primary target of most drug abuse prevention programs, will find this book a potentially useful tool. Anyone at all who is interested in improving the quality of life in his or her community and who is in a position to exercise real leadership will also find this book of interest.

The main audience is people who want to help other people, either by working with them directly or by making real contributions to the betterment of our society. As this book demonstrates, there appear to be more of them than the gloomier analyses of our present and future prospects suggest. Even more will be needed to ensure that drug abuse prevention programs have a chance of creating lasting, positive changes in the way Americans live, and in the way we raise and educate our children.

CHAPTER 1

The Past, Present, and Future of Drug Abuse Prevention

Until relatively recently, drug abuse was considered to be a problem that affected only a small minority of Americans. Yet within the last year, when separate groups of parents and teenagers were surveyed to find out what problems of growing up today are the most difficult and challenging, both groups cited drug abuse as the leading one.[1] Clearly the age of innocence—and ignorance—about drug abuse in America has ended. New knowledge has created what a cabinet subcommittee has described as an "environment of opportunity" for drug abuse prevention.[2]

The idea of drug abuse prevention has gained legitimacy in a very short time. This could not have happened, however, without a general recognition that a problem exists.

150 Years of Drug Abuse

Throughout the last century patent medicines containing opiates, a form of narcotic, were legal and were taken without prescription for a variety of ailments. Although addiction to patent medicines was not uncommon, it was not viewed at the time as a form of criminal behavior.[3] Passage of the Pure Food and Drug Act in 1906 required accurate labeling of these drugs, but the act proved to be only a minor deterrent to continued narcotic use. Eight years later, in 1914, the Harrison Narcotic Act sparked a crusade against the use of all narcotics and a massive law enforcement campaign that has continued to the present.

The main effect of the Harrison Act was to remove narcotics from the realm of respectability. For roughly half a century after the Act was passed, the "drug user" was generally perceived as a narcotic user and a hardened criminal. Both perceptions were frequently correct.

The 1960s and Changing Attitudes

The youth rebellion of the 1960s, with its flouting of conventional attitudes toward illicit drugs, shocked and outraged the older generation. Never before in the Nation's history had rebellious behavior among large numbers of youth been so intense and disruptive. Never before had so many young people embraced such a wide range of unconventional values. Drug abuse was only one of the issues. Yet it was as abrasive and disturbing as any.

When the disruptions of the late 1960s subsided, the Nation had attained a new level of awareness about drug use and abuse. One example of this new awareness, and of the pace of change in the last decade, is the attitude of the general public toward marihuana. As recently as the early 1960s, marihuana use was still associated almost entirely with urban poverty, criminal behavior, and alienation from the mainstream of American society and values. It was widely believed that marihuana use inevitably led to heroin addiction. Today, significant numbers of Americans accept marihuana use and some advocate marihuana as an alternative to alcohol for achieving a mild "high." Possession of small amounts of marihuana has been decriminalized in several states. During the summer of 1977, President Jimmy Carter, in his message to Congress on drugs, urged that possession of an ounce or less of marihuana for personal use no longer be a criminal offense under Federal law, but rather be treated as a misdemeanor.

On the other hand, Americans are beginning to be much more aware of the potentially harmful effects of a wide variety of foods and chemicals that they once considered relatively harmless. Most people who smoke tobacco do not think of themselves as drug abusers whenever they light up a cigarette, but the negative effects and growing unacceptability of cigarette smoking are almost unavoidable. In short, the idea is gaining currency that a drug's legal availability is no guarantee that it cannot be abused. According to statistical surveys, in fact, licit substances dominate all reported drug crises. Recent studies indicate that overprescription and unnecessary prescription of licit drugs constitute a major health hazard.[4] More people die from the effects of barbiturates and other prescription sedatives than from heroin each year.

The Extent of Drug Abuse

The ease with which a wide variety of drugs can be purchased is a fact of life in today's society. Moreover, two drugs that are among the most widely used and easily obtained—alcohol and nicotine (tobacco)—have the most serious effects. Alcohol-related problems account for an estimated loss to the economy every year of more than $25 billion.[5] Cigarette smoking has been linked with 300,000 deaths annually from respiratory diseases and cancer.[6] Although marihuana is not a legal drug, it is also widely used and evidence exists that it may be harmful to physical functioning.[7]

The Subcommittee on Prevention of the Cabinet Committee on Drug Abuse Prevention, Treatment, and Rehabilitation identified alcohol, tobacco, and marihuana as the three "gateway drugs," the ones that are most commonly used and with which young people usually first begin experimenting. One of the Subcommittee's major policy recommendations was that prevention should focus on moderating the effects of drug taking wherever possible. Such an effort requires a full understanding of the extent and nature of the problem: the drugs most commonly used, their effects, and the patterns of use among different parts of the population.

For the last three years, the National Institute on Drug Abuse has administered a survey of drug use in America that has begun to provide a complete picture of the Nation's drug-using practices. According to the latest national survey:[8]

☐ 55 percent of young people ages 12-17 and 82 percent of all adults surveyed have used alcohol.*

☐ 50 percent of the young people and 67 percent of the adults have smoked cigarettes.

☐ 22 percent of the young people and 21 percent of the adults have used marihuana.

The survey also revealed that 11 percent of the young people and 15 percent of the adults have used prescription drugs for nonmedical reasons.

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*Unless otherwise indicated, percentages refer to those who have ever used the drug. In most cases, the percentages of those who have used the drug within the year covered by the survey are lower.

The following list includes some major drugs of abuse:

Stimulants, known as "uppers" and "speed," are drugs which speed up the central nervous system. In strong doses, they produce a mood of euphoric well-being often followed by a sudden withdrawal ("crashing").

Barbiturates, known as "downers" and "reds," are among the most commonly abused and dangerous prescription drugs, primarily because of their interaction with alcohol, in which the effects of both drugs and the possibility of dangerous overdose are greatly increased. Barbiturates are often prescribed as sleeping pills, but they are used nonmedically to produce a "mellow" high.

Other sedatives, generally called "tranquilizers" and similar in their effects to barbiturates, are commonly prescribed in order to quiet people's nerves or relax their muscles. The tranquilizers Valium and Librium are among the best selling prescription drugs made.

Cocaine, a white powder usually sniffed through the nostrils, is a drug taken from the leaf of the coca plant that grows in South America. It produces a high similar to that of synthetic stimulants. Though not addictive, continued use of cocaine can result in severe irritation of the nose, throat, and sinuses. According to the survey, three percent of the 12-17 age group have used cocaine and four percent of the adults have used it.

Heroin is usually injected into the bloodstream and is highly addictive. Although the actual percentage of Americans who use heroin regularly is small—less than one-half of one percent for all age groups—the social and financial costs of heroin addiction are disproportionately high.

Inhalants are much more likely to be used by young people than by adults. This category includes glue, aerosol propellants and other chemicals with strong vapors, such as gasoline. Eight percent of the youth and three percent of the adults surveyed have used inhalants.

Hallucinogens, another major category of drugs that are commonly abused, include LSD, peyote, and PCP (used more among youth than adults and known as "angel dust"). All the hallucinogens have powerful potential for altering the functions of the brain and the senses. Hallucinogens are categorized as those that are manufactured artificially—LSD, "STP," and others—and those that are derived from plants and mushrooms—like peyote, mescaline, and psilocybin. The synthetic hallucinogens are much more dangerous than the natural ones, since often it is impossible to know exactly what chemicals are in a drug being sold "on the street" as a hallucinogen. Five percent of both the youth and the adults in the survey have used hallucinogens other than marihuana.

The survey referred to here should not be taken as the final or definitive word on the extent and nature of drug abuse. Even the most methodical surveys can provide little more than a map of the territory. Its significance lies not so much in its ability to define the exact extent to which each particular drug is abused, but in the fact that it supports, with reliable empirical data, several commonsense notions about drug abuse:

- ☐ The drugs that are most widely abused and most harmful are also those that are the most readily available throughout the population.
- ☐ Certain illicit drugs, such as LSD, while able to attract a great deal of attention because of their association with rebellious youth, are not as widely abused as other drugs that can be found in many family medicine cabinets.
- ☐ Although drug use among the Nation's youth contributed to an atmosphere of fear and panic in the late 1960s and early 1970s, no single age group has a corner on drug abuse. The panic of the 1960s has abated, but the problem of drug abuse persists, affects the entire population, and will continue to have an impact as long as drugs are widely available.

Treatment: A High Priority

One of the immediate effects of the rising incidence of drug abuse in the 1960s was the need for greatly increased treatment facilities for physical and emotional drug-related crises. Almost overnight, community-based counseling centers, crash pads, and more intensive treatment facilities such as increased capacities in hospital psychiatric wards mushroomed all over the country. Federal funding of treatment "slots"—the equivalent of support for one person in treatment for one year—increased from approximately 20,000 in 1972 to 95,000 in 1974. Presently there are 102,000 federally funded treatment slots, providing approximately 30 percent of the drug abuse treatment in the United States.[9] Treatment of drug-related crises was the most readily acceptable solution to the drug abuse emergency of the late 1960s and treatment continues to occupy a prominent place on drug abuse policy and funding agendas.

The emphasis on treatment is likely to continue. A recent comprehensive analysis of health care expenditures found that the equivalent of $638 is spent every year for every man, woman, and child in America. This amounts to roughly $140 billion, or 10 percent of the gross national product. Yet less than one-half of one percent of the money spent for health care in the United States goes to health education and prevention activities.[10]

Growing Support for Prevention

As one community-based drug abuse prevention agency pointed out in its report of a major conference on prevention in the fall of 1976, "A gram of prevention is worth a kilo of treatment."[11] The translation of this familiar chestnut from "old" to "new" measurement standards suggests that it is far from outliving its usefulness. According to one estimate, 98 percent of drug abuse funds are spent on two percent of the population—hard-core addicts in need of treatment who easily cost this country $10 billion per year in social costs of crime, health care, and lost productivity. The remainder, two percent of the funds, is allocated to prevention efforts, which attempt to reach 98 percent of the population.[12] This has prompted a new initiative in the drug abuse field to seek out effective ways of preventing drug abuse before it begins.

In 1975, the Domestic Council Drug Abuse Task Force argued strongly for prevention in its *White Paper on Drug Abuse:*

> We now realize that "cures" are difficult to attain. This is especially true if we define cure as total abstinence from drugs.... Even treatment which does not result in permanent abstinence is worthwhile from society's point of view....
>
> But treatment alone is not enough. Once someone reaches the point at which he needs treatment, a serious problem has already developed and permanent improvement is extremely difficult. It is far better to prevent the problem before it develops.
>
> Therefore, the task force believes that greater emphasis must be placed on education and prevention efforts that promote the healthy growth of individuals and discourage the use of drugs as a way to solve (or avoid) problems.

More recently, the Cabinet Subcommittee on Prevention came up with specific recommendations for a major three-year experimental effort. These recommendations represent the collective thinking of nine different Federal agencies charged with the control and prevention of drug abuse and are the farthest reaching drug abuse prevention policy recommendations ever made at the Federal level. According to the Subcommittee, the reduction or prevention of drug abuse depends on "an expanded notion of prevention health care" in order to assure better general health throughout the population without increasing the costs.[13]

The new initiative for prevention is not confined to the Federal level. It is gaining strength in State agencies concerned with drug and alcohol abuse, in county and municipal governments, and among community-based drug abuse agencies and programs. It is also being reflected in growing budget allocations for prevention activities. One of the primary goals of the Pennsylvania Governor's Council on Drug and Alcohol Abuse in 1977 was to expand drug abuse prevention activities; that year the Council allocated $6.5 million for prevention. Many other State agencies have increased their spending on prevention in recent years, as well. Significant portions of new revenue-sharing budgets have gone to prevention activities. And community-based programs that formerly concentrated exclusively on treatment have begun to develop prevention components.

Two Ways of Preventing Drug Abuse

Although there is growing support for drug abuse prevention, the idea of prevention is scarcely new. The Harrison Narcotic Act of 1914 represented a legislative effort to prevent drug abuse. So did the 18th Amendment (Prohibition). Both were based on the premise that effective enforcement of laws controlling the manufacture and distribution of certain drugs would deter people from using those drugs. Both embodied the concept of "supply reduction" that remains a cornerstone of drug abuse policy in the United States.

Unquestionably, legal controls of the manufacture and distribution of drugs are necessary. Without such controls, the extent of drug abuse would probably be even greater than it is.

Another way of preventing drug abuse is to reduce the demand for drugs. In the years since the abuse of illicit drugs spread rapidly among middle-class youth, with consequent changes in the public's awareness about drug abuse in general, this approach has been a primary goal of drug abuse prevention activities.

The background of the crisis atmosphere of the 1960s is instructive. It became clear soon after the initial outbreak of the drug abuse epidemic that law enforcement alone would not be sufficient to control youthful drug abuse. The question then arose of how to reduce the demand. The answer seized upon by many was to provide young people with information about the dangers of drug abuse—not just the dangers of the drugs themselves, but the dangers of the legal consequences of using them.

Evidence quickly began to accumulate, however, that detailed lectures on which drugs should be avoided and why served to stimulate curiosity about and increase experimentation with those very drugs. The source of the information—often a school teacher who lectured young people about drugs in a highly moralistic fashion—frequently detracted from its credibility. And the information itself bred distrust as much as it instilled fear. A study of informational materials on drugs found that "about 80 percent of them contained factual errors. More than a third contain so many errors we label them scientifically unacceptable, and some are so bad we think they are more dangerous than drugs." For nearly a year, beginning in April 1973, the White House Special Action Office for Drug Abuse Prevention called a complete moratorium on the production of federally funded drug information materials.[14]

The use of so-called "scare tactics" as a deterrent to drug abuse has come into wide disfavor among drug abuse prevention professionals. But there is empirical evidence that accurate information, in combination with other approaches, can be a useful prevention tool.[15] As discussed in chapter 2, it must be the right kind of information presented by the right kind of source.

The "New" Drug Abuse Prevention Strategies

The early 1970s were a turning point for the field of drug abuse prevention—in a sense, a new beginning. Several strands of thought about human development, adolescence, and the pressures of modern society came together to influence those who were seeking ways to prevent drug abuse. This coming together of approaches, philosophies, and strategies was neither systematic nor planned. However, it was a logical consequence of trends that had previously been taking place independent of each other.

Among the various strands of thought were the following:

☐ *Humanistic psychology and the human potential movement.* Based on the new approaches to human development and the new forms of psychotherapy developed by Carl Rogers, Fritz Perls, Abraham Maslow, and others, humanistic psychology emphasized the importance of the individual in the "here and now" as an active, decisive factor in his or her own behavior. The humanistic "new therapies" were commonly used in drug abuse therapeutic treatment settings. They also attracted clients at growth centers and in non-drug therapeutic groups like the Esalen Institute in Big Sur, California.

☐ *Dissatisfaction with traditional forms of schooling.* The public schools, once the beacon of democracy, had come in for a great deal of criticism by the early 1970s. This opened the way for new approaches advocated by a variety of school critics and school reformers who sought to "open up" the educational process and "humanize" the curriculum.

☐ *Affective education.* Similar to the progressive education movement of the 1930s, affective education generated a groundswell of support (and also considerable opposition) in the early 1970s. Responding to the widespread criticism of the schools at the time, the main tenet of affective education is a shift to more personalized classroom activities designed to bring students in touch with their feelings, values, and attitudes. Affective education strategies frequently used the techniques of humanistic psychology—nonverbal communication exercises, for example, and intensive group meetings—to enhance interpersonal relationships.

☐ *The concept of "alternatives."* Whether associated with the "counterculture" or with "alternative schools," the notion that people's developmental needs could not be satisfied entirely within institutional settings became widely accepted by the early 1970s.

☐ *A rising awareness of ethnic identity and civil rights.* For the first time in America's history, the concept of the melting pot and the desirability of assimilation into the cultural mainstream began to be questioned by large segments of the racial and ethnic minority population. Ethnic pride was both a logical consequence of political and economic advances made during the civil rights movement of the 1960s and a tool for organizing and raising the consciousness of minority communities.

The importance of these trends may have been exaggerated by the general atmosphere of self-congratulation they produced. Nevertheless, they contributed to a richer understanding of the drug abuse phenomenon. At first, implementation of the "new" drug abuse prevention strategies centered mainly in the schools and school-based drug education increasingly began to incorporate such affective techniques as values clarification and exercises designed to improve self-esteem and decision-making skills. But "alternatives" strategies were also implemented in nonschool settings. An alternative could be virtually anything at all that would be more attractive to a youth than drugs.

A Rationale for Drug Abuse Prevention

The popularity of the new prevention strategies in the early 1970s reflected a high degree of like-mindedness among professionals in various fields, ranging from education to law enforcement to psychology. The best way to understand this rationale is to follow the line of questioning that led to it. The first and most obvious question, of course, is, How can drug abuse be prevented? Supply reduction, discussed earlier, is an important part of any prevention strategy and will continue to be so. Demand reduction, the other half of the equation, is more complex. The failure of the informational approach, as implemented in the late 1960s and early 1970s, suggests that knowing about the dangers of using a drug is only one of many factors involved in an individual's decision to use it or not.

Why, then, do people use drugs for other than medical reasons? Among the most important factors:

- ☐ People use mind-altering drugs because they find the experience pleasurable. Drugs make them "feel good"; drugs get them "high." Drugs may even be a part of mystical or religious experiences.
- ☐ Using drugs can be a relief from tension and stress.
- ☐ Among young people particularly, peer pressure is often very strong to experiment with, and continue to use, a variety of drugs. In a sense, experimental drug use has become a rite of passage in our society.
- ☐ Americans learn from a very early age that drugs are part of the vast array of technological wonders that can "make life a little easier." Powerful messages and forces in the society, certainly including advertising, teach people to turn to drugs as a way of solving problems and relieving pressure. One national commission studying the drug abuse problem in the 1960s estimated that by the age of 18 the average American has seen 180,000 television commercials that deliver this message.[16]

In fact, the *use* of licit drugs is an acceptable and common phenomenon. People *use* drugs because it is "okay" to do so. Illicit drug use is different in that it is not okay and involves considerable risk, but even this can be part of the thrill of the drug-taking experience, especially among teenagers, who typically engage in high risk behavior.

Drug *abuse* is another matter. Clearly, many people are capable of using drugs without abusing them. But what precisely is drug abuse? Does abuse refer to the quantity of a drug an individual uses? Or does it refer to the drug's effects?

At times, the distinction between use and abuse can be stated very clearly. Exceeding the recommended dosage of a medicine, for example, would be abuse. The effects of alcohol drinking, on the other hand, vary greatly from one person and one situation to another.

According to one widely accepted definition,[17] abuse of a drug is use that results in the "physical, mental, emotional, or social impairment" of the individual user. Other definitions link abuse to a social context—use becomes abuse if it has negative effects not just on the user, but on others.

Why do people abuse drugs? The reasons vary from one individual to another. According to extensive research into the correlates of drug abuse, however, most drug abusers have at least one thing in common: drugs are a substitute for something they lack—good feelings, competency, peace of mind, the feeling of being liked just for themselves, or other aspects of what are generally regarded as universal human needs.[18]

What are the basic human needs?

Generations of anthropologists, philosophers, and psychologists have debated this question and obviously there is no clear, scientific answer. Certainly everyone needs adequate food, clothing, and shelter. Other needs, however—psychological and emotional needs—are almost as important. These include:

- ☐ The need to be accepted by others one looks up to, the need to be loved. This is often described as the need for self-esteem.
- ☐ The need for competency or skill. This includes a wide variety of skills—social, intellectual, and physical.
- ☐ The need for power. Wealth, achievement, control of one's destiny, respect from other people—all of these are elements that can contribute to a feeling of power.

Whether there are three basic needs or a hundred is not an issue here. All of the needs essential for emotional health amount to a single notion: a basic need to be able to say, with confidence, "I am somebody! I really matter."

This has become increasingly difficult for many people to say in today's complex, rapidly changing society. One of the favorite mottos of student protestors in the 1960s was, "I am a human being. Do not bend, fold, spindle, or mutilate."

The economic, political, and technological challenges of modern life are awesome enough in themselves. Other factors—closely associated with the larger economic, political, and technological forces—are more immediate and troublesome. These include:

- ☐ *A decline of nurturing in the family setting.* Today's family is extremely vulnerable. According to a major study of the family by the Carnegie Council on Children, the divorce rate has increased 700 percent since the turn of the century and an estimated four out of ten children born in the 1970s will spend part of their childhood in a one-partner family. More important, work patterns have drastically altered the nature of child rearing. The Council's report, *All Our Children: The American Family Under Pressure,* states that

> ...in 1948...only 26 percent of married women with school-age children worked at anything but the job of keeping house and raising children. Now that figure has more than doubled: in March 1976, 54 percent worked outside the home, a majority of them full-time. The increase in labor-force participation is even more dramatic for married women who have preschool children once considered too young to be without a parent during the day: the proportion of such mothers who work rose from 13 percent in 1948 to 37 percent in 1976.[19]

Because parents have less time to spend with their children, the Council points out, the responsibility for nurturing children has passed increasingly to institutions other than the family—the schools, for example, which are hard pressed to meet all the demands that are made of them. Television, too, has often become, for lack of a better alternative, a substitute parent. In the opinion of many, it is a most inadequate substitute.

☐ *A sense of powerlessness based on discrimination according to race, sex, or social class.* Discrimination is a perennial fact of life for many people. Particularly for minority children, handicapped children, and poor children, discrimination can be the principal response of the world outside the home, producing endless self-fulfilling prophecies and precluding any chance of developing a positive self-concept. According to the Carnegie Council on Children, 17 million children in America grow up in "unofficial" poverty and have few other role models than struggling, chronically unemployed adults. For these children the question "What do you want to be when you grow up?" may be a source of confusion bordering on despair.

☐ *The decline of a sense of tradition, culture, and community.* Americans are extremely mobile. The great majority of Americans not only move every five years or so, but they also commute long distances to work. For them the home is literally a bedroom and the community a road to a parking space. In stark contrast to the small town of the past, with its intimacy and sense of community, the modern suburb in which the majority of Americans live is a community of strangers. The hub of the modern suburb is not so much the home or the local mom and pop store—it is the shopping mall with its chain stores and fast-food franchises.

☐ *A prolonged adolescence.* The young person growing up in today's society is denied the opportunity to assume adult roles precisely when he or she is biologically and emotionally ready to emerge from the shelter of childhood. Where once children and young adults worked alongside their parents in the fields, shops, and even factories, today they are virtually forced to remain in school. Moreover, in view of the high rate of unemployment that has plagued the country in recent years, it has become increasingly difficult for young people to test out adult roles in the world of work, even on a part-time basis, and thereby develop a sense of purpose and direction. During the summer of 1977 the unemployment rate among white youths was 17 percent; among black youths, it was more than 40 percent.

The logical conclusion of this line of reasoning might well be that the ideal way of preventing drug abuse would be to bring about significant changes in the entire society. In fact, the Carnegie Council on Children recommends changes in the tax laws based on the concept of a guaranteed minimum income, changes in work patterns that would free both parents to spend more time with their children, and changes in health care, legal services, and many other areas of modern life that have a direct bearing on the extent to which the basic human needs of all Americans are met within the family setting.

A Strategy for Drug Abuse Prevention

The rationale for drug abuse prevention described in the preceding pages represents some of the basic premises of drug abuse prevention programs today. It translates into a strategy that has gained wide acceptance.

☐ Improving the various social conditions that affect the family must be a long-range effort, involving important political and economic decisions. Therefore, it can be only one aspect of a realistic drug abuse prevention strategy. Equally important are programmatic efforts that can immediately benefit the segment of the population that is most at risk in relation to drug abuse. Essentially, according to the Cabinet Subcommittee on Prevention, this is "the group of individuals who are not yet using drugs, or those who are experimenting or just beginning sustained drug use." Therefore, the primary target of most drug abuse prevention programs is, and will continue to be, young people themselves. The target population specifically identified by the Cabinet Subcommittee is young people between the ages of 8 and 20. Secondary targets of drug abuse prevention programs would naturally be adults who are involved in the education and nurturing of young people: primarily parents, of course, but also teachers, counselors, and others in professions that have an impact on youth.

☐ Drug abuse prevention aims at affecting the *environment* and context of drug use and abuse. This includes such broad goals as strengthening and supporting the family and the schools. It also includes more specific intermediate goals such as influencing legislation that affects drug use—the regulation of drug advertising, for example.

☐ Drug abuse prevention aims at strengthening the personal and social skills of *individuals*. Providing straightforward factual information about drugs and their effects is one aspect of such a strategy. Strengthening skills in personal competency areas such as values clarification and decision-making are other approaches. Developing competency in basic literacy skills and job skills must also be included.

☐ Drug abuse prevention programs fit into a spectrum ranging from *primary prevention* on the one hand to *early intervention* on the other. Primary prevention is any drug abuse prevention activity that attempts to influence drug-using behavior before patterns of drug abuse have developed. Programs that aim to provide parents of young children with effective parenting skills or better ways of educating their children about personal health would be examples of primary prevention. Early intervention activities focus on situations in which some pattern of drug abuse or other dysfunctional behavior closely associated with drug abuse has begun to develop. A counseling center for high school truants and dropouts, for example, would be a form of early intervention.

☐ Drug abuse prevention takes place in a wide variety of settings. The family, the peer group, and the school are primary settings. Secondary settings include the church, the media, recreation agencies, and the criminal justice system.

☐ Since so many different agencies affect the development of the primary target population (youth between the ages of 8 and 20), an effective drug abuse prevention strategy creates linkages and commonalities within and among these agencies. Ideally, drug abuse prevention is a comprehensive community-wide effort aimed at developing a fully coordinated system of youth and family services.

☐ The Federal government and the State governments can take the leadership in developing and sharing resources and ideas pertaining to drug abuse prevention. The States usually have the main responsibility for fiscal and programmatic management of Statewide prevention programs. Services are delivered primarily at the community level. Regional and national networks support and catalyze local prevention efforts.

This summary can only begin to suggest the possibilities inherent in a national drug abuse prevention strategy. The purpose of the following chapters is to illustrate specifically what happens when such a strategy is translated into actual programs.

CHAPTER 2

Six Drug Abuse Prevention Strategies

Supported by a rationale that has emerged after many years of experimentation, the field of drug abuse prevention is growing in sophistication and professionalism. It is also changing. One important new direction is the tendency of several well-established drug abuse prevention programs to encompass a variety of problem areas in addition to drug abuse. This is only logical if yough are the target population and drug abuse is understood to be a complex phenomenon suggesting deeper problems. Programs that enhance individual competencies and coping skills or improve the environment of families, schools, and other youth-serving institutions will also help to prevent many other negative or destructive kinds of behavior associated with drug abuse—for example, truancy, vandalism, juvenile crime, runaways, and similar problems.

The trend toward more generalized goals reflects an awareness within drug abuse prevention programs that broader goals not only make sense, but afford greater opportunities for financial and political support. Many drug abuse prevention programs across the country now receive State and Federal juvenile justice and delinquency prevention funds in addition to funds for drug abuse prevention.

While the goals of drug abuse prevention programs have broadened in recent years, their actual activities, often referred to by those in the field as "strategies," have remained fairly consistent since the early 1970s. Affective education has become the mainstay of school-based drug education programs. Programs that provide young people with alternatives to drug use and other negative behavior, usually through community-based agencies, are widespread. And a number of different training programs to improve family communication now exist that have helped many thousands of families. Of the six strategies described in this chapter, only one—life career planning—is relatively new. However, the concept of life career planning represents a composite of activities that have worked well with young people for decades.

Each of these six strategies encompasses several different techniques, approaches, and curricula that have been developed by staff members of programs and agencies across the country. There is scarcely room to list all of those that are worth mentioning, much less to describe them in detail. In the resource section, selected readings and references may be found for obtaining further information about each strategy.

In a sense, the delineation of six strategies is artificial and is done here primarily for convenience and clarity. In actual practice these strategies may overlap. Affective education programs, for example, frequently incorporate information about drugs as part of role-playing and decision-making exercises. And alternatives can easily be viewed as one aspect of life career planning.

Clearly, the account of drug abuse prevention strategies in this chapter is limited in its point of view. It does not deal with efforts to change either the environment of drug use or broader societal influences that affect the family and the individual. The focus here on shorter term strategies does not mean that other approaches to drug abuse prevention are not worth attempting. Rather, it reflects the intention to provide the readers of this book with practical approaches that can be implemented within realistic limits of time and resources.

INFORMATION

The moratorium on the production of federally funded drug information materials called for by the White House Special Action Office for Drug Abuse Prevention (SAODAP) in April 1973 opened the way for a total rejection of information as a prevention strategy. This was not SAODAP's intent. Eight months after the moratorium was announced, SAODAP published official guidelines for the production of federally funded drug information materials. The guidelines distinguished between messages that "have been found to be generally counterproductive, and, as such, should be excluded from use in general informational materials," and messages that were considered appropriate. Among the messages to *exclude* were:

- ☐ "The use of drug X always causes condition Y."
- ☐ "The use of drug X never causes condition Y."
- ☐ "Drugs are the *only* problem."
- ☐ "Only illegal drugs are abused."
- ☐ "Drug abuse is exclusively a youth problem."
- ☐ Any message couched in terms which tend to scare the subject and make fear the main deterrent to future use.
- ☐ Stereotypes for interviews and settings: businessman in suit, young people in sandals, black man as pusher, 42nd Street, Haight-Ashbury, etc.
- ☐ Demonstrating the proper use of illegal drugs—glue sniffing and mainlining.

Among those at SAODAP encouraged were:

- ☐ The drug problem is complex. There are no easy answers. No two drug users are alike.
- ☐ Society has an inconsistent position regarding the use of chemicals to alter an individual's mood. Some, like tobacco and alcohol, are legal while others are illegal.
- ☐ People can help to solve the drug abuse problem by promoting the following conditions: better youth-adult communication; youth having a feeling of control over their own lives and a purpose in living; an acceptance by adults of the validity of alternative lifestyles; value structures in which immediate gratification is not at the top of the list.

Renewed enthusiasm for information as a prevention strategy did not follow the lifting of the SAODAP moratorium. The idea still lingers that "information doesn't work" and this has produced a tendency among people in the field to reject any kind of informational approach to prevention. The careful and judicious use of information about drugs and their effects can and should be an important component of a prevention program, however. The critical questions to consider before the strategy is used are: What kind of information? In what setting will it be presented? And, who will do the presenting?

☐ *What kind of information?* The SAODAP guidelines are as reliable as any in suggesting an appropriate tone and topics for drug-related information. Even the most straightforward drug information, however, should be carefully delivered, in small doses, and in response to a perceived need for it. Past experience has demonstrated that too much information about drugs may be worse than none at all. Several sources of drug information are listed in the resource section of this book.

☐ *In what setting will it be presented?* One of the most appropriate and logical places in which young people can learn about drugs is the family. Sensitive parents will always be alert to a child's curiosity about topics like drugs, and they will be ready to answer their children's questions openly and honestly. They should also be able to admit when they do not have sufficient information to answer a question. If, as often happens, both the adults and the young people in a family do not feel comfortable discussing drugs or similarly sensitive topics, other sources of information must be made available. School-based drug information programs are worthwhile in that they can conveniently reach large numbers of young people. Almost any other setting where young people regularly congregate—recreation centers, counseling centers, or church programs, for example—is an appropriate place for conveying low-key factual information about drugs, usually in the form of pamphlets and other drug literature.

☐ *Who will do the presenting?* Volumes of sophisticated research have been compiled on the elements that contribute to making the sources of a given piece of information credible. It has been demonstrated, for example, that a piece of information will be believed when it comes from one source, but disbelieved when it comes, content unchanged, from another.[1] The variables that affect the credibility of information are so complex that they are best left to advertising and market research companies. Common sense dictates, however, that where young people are concerned, factors contributing to the credibility of information include personal knowledge of and trust in the communicator and the communicator's own knowledge of the information. Teachers in school settings who have been "drafted" to teach about drugs, but who are uncomfortable with the subject and have no real inclination to teach it, are among the least credible sources of information. Adult presenters of drug information must be knowledgeable, comfortable, and skilled in presenting it in order to avoid the negative effects of the information strategy discussed earlier.

Building on these premises, drug abuse prevention programs can introduce drug information through a variety of techniques. The following examples are offered as illustrations of how several programs have attempted to offer drug information in a positive, nonjudgmental way.

Straight Talk to Parents

PYD (Parents-Youth-Drugs), a program jointly sponsored by the Boise, Idaho, schools and several community-based youth service organizations, offers a six-session training package for parents of elementary school children. The program aims at equipping parents "to deal effectively with drug-related situations, both in relation to their children and with other adults."[2] Three of the program's six sessions are oriented around drug information. Topics include pharmacology, State and Federal laws relating to drug use, the effects of advertising on the drug problem, and peer pressure to take drugs.

The purpose of PYD's specific drug information component is to present definitions and facts that are "broad, utilitarian, scientifically accurate, and de-sensationalized." In introducing parents to a brief overview of drug pharmacology, for example, the PYD manual explains that lack of knowledge about drug effects has resulted in "much inaccurate information about what drugs can and cannot do." According to the PYD manual, a typical American cocktail party offers an accurate idea of how mind-altering drugs work.

> At such a gathering, people of approximately the same age and body size consume the same amount of the drug alcohol over the same period and yet behave in markedly different ways. Some become boisterous or even agressive; some passive, withdrawn, or sleepy; some amorous, flirtatious, or lascivious; and some show no particular change from their nondrug state.
>
> The same diversity of reaction can be found with all of the mind-altering drugs with which this program is concerned.

In a section on drug laws, the PYD manual presents objective arguments for and against decriminalization of marihuana without taking sides, then, as a "homework assignment," asks the participants to prepare for a debate about the issue during the next session. Turning to reasons why people use drugs, including the effects of advertising, the manual stresses the fact—often difficult for parents to accept—that for many young people drugs are a source of pleasure.

According to Gary Slee, health education coordinator for the Boise schools, "Information is a great place to start but a poor place to finish." Slee points out that most parents who attend the PYD sessions want and need current information about drug use, but that the final sessions of the program, which introduce family communication techniques and refer parents to a wide variety of youth services in the community, are just as important. "When parents first come into the program," says Slee, "mainly they want to get acquainted with the jargon and current facts about drugs. The real issue is how the parent and the kid feel about each other, but we wait until they feel more comfortable to deal with that."

Kids Ask Questions

The Orange County (California) Department of Education Drug Abuse Prevention Education Center (DAPEC), in operation since 1972, provides a variety of services to public schools, private schools, and community-based youth service organizations throughout the county. One service is a series of ten-week accredited workshops for teachers, parents, administrators, mental health workers, nurses, and law enforcement personnel. Another is a youth involvement/peer counseling program in the schools. The Center has also produced and published curriculum materials based on meeting human needs in the classroom and developing more effective parenting skills.

The Center recognizes the importance of information about drugs by sponsoring presentations of drug information in school district classrooms. During the 1976-77 school year, the DAPEC staff members made presentations in over 700 elementary and secondary classrooms. In anticipation of these sessions, students from the third through twelfth grades were asked to submit written questions, which were then answered by the DAPEC staff in a factual manner appropriate to the students' grade levels. Following are selected questions that the students asked. Clearly, they reflect a certain amount of knowledge as well as ignorance.

Third Grade:

- ☐ What if your mom gives drugs to you when you are sick?
- ☐ Why do people get drunk when they drink?
- ☐ If someone smokes pot once do they get crazy?
- ☐ What does sniffing glue do to you?
- ☐ Should you take drugs when your mother or father does not know?
- ☐ Are drugs like vitamins?
- ☐ How much time does one cigarette take from your life?
- ☐ What happens when you mix drugs and alcohol?
- ☐ Can you die from Bloody Marys?
- ☐ How do you use drugs and medicine the good way?

Fourth Grade:

- ☐ How many drinks would it take to get you drunk at the age of nine?
- ☐ Would a person commit suicide if he couldn't get his drugs?
- ☐ I have a grandma and her sister has a problem with her mind. I wanted to know if there is a pill that can help her?
- ☐ What are uppers and downers?
- ☐ Why does cocaine cost so much?
- ☐ What are rainbows?
- ☐ Do people put dope in candy on Halloween?
- ☐ Why do people sniff paint?
- ☐ Why do people hit their kids when they get drunk?
- ☐ Why doesn't President Carter stop the people from taking dope?
- ☐ Why, when people smoke pot, do they kill people? Because when I was at a rock

concert a guy that smoked pot stabbed another man.
☐ Why is alcohol legal and drugs aren't?
☐ How many drinks should an adult have a day?
☐ What do you do if your dad is drunk and he spent all of his dimes and the bar doesn't have a phone and you are too small to drive yourself home?
☐ Why are you teaching us about drugs?
☐ If you mix alcohol with Valium is it dangerous?
☐ Why do kids listen to people who tell them not to abuse drugs, and then they do it anyway?
☐ What are the chemicals in glue that make a person fall unconscious?
☐ How powerful are Black Beauties?
☐ Why do teenagers mess with drugs?
☐ Which is worse, cigarettes or marihuana?

Fifth Grade:

☐ What should you do if your mother smokes?
☐ Is there really any difference between low-tar cigarettes and the others or do they just say that to sell more?
☐ Can Thai-sticks kill you?
☐ Where do you get pills, heroin, cocaine, and LSD?
☐ My mother doesn't like beer, but she drinks it to keep my dad company. Could you help her with this?
☐ If people know that they are going to get drunk, why do they drink so much?
☐ Is it all right to smoke, not to be neat, but for medical reasons?
☐ For someone who always has to be chewing gum, could you call that a drug?
☐ Why do junkies put rubber bands around their arms?
☐ Do reds have a bad effect on a person if they don't take whites with them?
☐ If a person takes drugs for a long, long time, is it true that their brain turns into a sort of jell?
☐ If your parents don't want you to smoke why do they do it?
☐ How can I stop my 11-year-old friend from smoking and drinking yet not become involved?

Sixth Grade:

☐ My friend says that you can have an ounce of marihuana, but he doesn't know if that's an ounce a day or in your whole life, which is it?
☐ Are even good drugs a little bad?
☐ Why do people feel like they are in heaven after they've taken drugs?
☐ When did it start happening?

Seventh Grade:

☐ Was Judy Garland a junkie?
☐ Is it true that in Spain kids over five years of age are allowed by law to smoke and drink?
☐ Does pot stunt your growth?
☐ What is a flat kilo?
☐ If your boyfriend uses drugs and you don't, how should you try to make your boyfriend stop using drugs? Or should you start?

Information Oriented Classroom Activities

An unconventional technique for presenting drug-related information in the classroom setting is represented in *Deciding*, a curriculum publication of the Alameda County (California) School Department. *Deciding* was developed by the staff of the Department's Training and Development Center (formerly the Drug Education Center) as a way of providing students with activities for exploring information about alcohol on their own. "Each activity is self-directing," the introduction to *Deciding* states, "and students may be encouraged to do teamwork. In response to student questions about how to do an activity, we suggest that teachers give very limited additional explanation in order to encourage students' creative and exploratory behaviors." *Deciding* emphasizes that its ten activities are open-ended and that there are no right or wrong answers. In short, the teacher is removed from the role of the omniscient, didactic purveyor of facts.

The *Deciding* activities include an investigation of patterns of beverage consumption nationally, statewide, and within the class; a game similar to bingo, played with factual statements about alcohol printed on small squares; a variety of activities designed to encourage investigations of the effects of media and advertising on alcohol drinking; and an exploration of alternatives to alcohol use. Also included in the *Deciding* module are a pre-test and a post-test of knowledge of alcohol-related information.

An assessment of the module's impact in a test school district indicated a high degree of student interest and involvement and general enthusiasm among the teachers who used *Deciding* in their classrooms. There was also, according to a report of the study, "a marked upgrading of the knowledge of the effects of alcohol use" at all grade levels in which it was used.[3]

AFFECTIVE EDUCATION

In the uneasy atmosphere of today's schools, affective education is not merely an interesting development or a useful strategy for drug abuse prevention programs. It has become a movement and, in some instances, a crusade.

Affective education is a logical response to the observation, common among the "school critics" of the 1960s, that although school districts invariably adopt as their universal goal the education of the "whole person," schools usually devote most of their time and energy to the education of the cognitive, intellectual parts only. Affective development—the strengthening of self-esteem and interpersonal skills, for example—usually just happens, without much deliberate attention on the part of teachers.

Affective education is not an isolated trend. It has much in common with the human potential movement that was taking shape in growth centers and training laboratories around the country in the 1960s. Techniques that stimulate fantasy and role playing, that help people to "get in touch with their feelings" in order to communicate better with others and to understand themselves, that enable participants in a small group to understand the group's dynamics, that call attention to "body language" and "eye contact"—all of these can be found in school-based affective education programs and in programs for individual and group development in nonschool, adult settings as well. All stem directly from the ideas, psychological theories, and methods of a small group of leading humanistic psychologists and teachers who came into sudden prominence in the 1960s.

The rationale for affective education and humanistic techniques also applies equally to adults and to youth. Prior to the 1960s, the most acceptable vehicles for improving self-esteem and social/interpersonal skills were individual counseling and psychotherapy. These approaches are expensive and, because they rely heavily on one-to-one client-counselor relationships, they reach a very limited clientele. Although affective education is not the equivalent of psychotherapy—the advocates of affective education are always very quick to point this out—it is based on the premise that the great majority of young people encounter normal developmental problems, such as low self-esteem or communications problems, and that the most efficient way of helping them gain more awareness is in a supportive group setting.

Thus, affective education in the schools is usually seen as being relevant not just to "high risk" students, but to all students. According to the proponents of affective education, merely growing up in today's tense, pressured society creates new risks that did not exist even as recently as a generation ago.

Many affective education programs have been implemented in the Nation's schools, it is important to note, without ever being identified as a form of drug abuse prevention. A particular exercise might be used in one school as part of a class in English or communications and in another school as part of a drug education class.

What exactly is affective education and what techniques does it use? By now, a decade after affective education began to be widely used in schools, a complete affective education reading list, including curriculum materials, would fill a sizable library. Several of the best or most authoritative books and curriculum materials are listed in the resource section. Anyone who took the time to go through the entire affective education opus, however, would soon recognize a repetition of themes and learning activities. Several of the most important affective education techniques are described below.

Values Clarification

Developed by Louis Raths, Sidney Simon, Merrill Harmon, and several colleagues, values clarification has become a staple of affective education, and techniques and learning activities devised by Raths, Simon, et al., in their pioneering books on the subject, have been widely duplicated and imitated. Values clarification is based on the premise that only on the basis of clearly recognized values can people make conscious, well-informed choices and decisions. The process of values clarification can be described as three basic steps:

☐ *Choosing* freely from alternatives after carefully considering the consequences of each alternative.

☐ *Prizing:* feeling positively about the choice and publicly affirming it.

☐ *Acting:* manifesting the choice in action repeatedly and consistently.[4]

Some values clarification activities ask the students to go through these steps privately—by keeping a "values journal," for example, or by writing personal responses to topics and situations that need not be shared with classmates. Other activities are oriented more toward public affirmation of values. These activities include:

☐ *A continuum.* Students are asked to indicate where they stand on a continuum covering any one of a wide variety of topics, ranging from extreme advocacy to extreme disapproval, and to discuss their reasons for their choice. One end of a continuum relating to marihuana laws, for example, might be, "Marihuana is a dangerous drug and anyone who possesses it should receive a life term in prison." The other might be, "Marihuana is less harmful than alcohol, which is legal; therefore even little children should be able to buy it whenever they want."

☐ *Values voting.* The teacher asks for "thumbs up" or "thumbs down" votes on selected values or issues that pertain to the class discussion topic.

☐ *Rank ordering.* The students are asked to rank order selected items that are related to each other. In an exercise on "Things I like to do with my leisure time," each student might be asked to rank order a minimum of ten activities, for example. An additional step, commonly used in this activity, is to draw a grid next to the items and fill in the grid with symbols for each item indicating factors such as: "'$': costs more than $5.00"; "'A': usually do this alone"; "'Y': have done this within the last year"; and so on.

Self-Esteem Building

Several current programs, books, and curriculum guides center on classroom techniques aimed at enhancing students' self-esteem through a variety of techniques. These include recognizing and accepting feelings such as joy, anger, fear, disappointment, or affection; sharing aspects of oneself with other group members; and encouraging acceptance of individual differences.

Self-esteem building classroom activities vary considerably from one program and one grade level to another. DUSO (Developing Understanding of Self and Others), for example, is a kit designed for the primary grades that relies heavily on story-telling puppets, audiotapes, and songs. Magic Circle, a program that is more appropriate for the upper elementary grades, requires more concentration from the student and more focused listening skills than DUSO, since the main activity involves children talking and listening to each other. At the intermediate and secondary levels, the topics for discussions related to self-esteem tend to be more sophisticated—focusing, for example, on peer pressure, ethnic identity, and sexuality. Ombudsman, an affective curriculum developed by the Charlotte Drug Education Center in Charlotte, North Carolina, includes nonverbal exercises aimed at developing trust and confidence in the group; discussions on racial stereotypes; and an exercise that asks students to demonstrate the different dancing styles of various ethnic groups represented in the class.

Classroom Meetings

Usually in the form of open-ended discussions in which the students arrange their chairs in a circle, classroom meetings are a common affective education technique. Often the teacher, playing the role of facilitator, will join the students in the circle in order to remove himself/herself from the more traditional authoritarian role. Meetings may be regularly scheduled—either at the beginning or the end of the school day, for example—or held on an impromptu basis as a way of dealing with immediate problems that require the attention of the entire class.

The Schools Without Failure program, an approach to implementing affective education schoolwide developed by psychologist William Glasser, uses classroom meetings as a basic technique. Meetings conducted as part of a Schools Without Failure program follow a common set of rules:

- ☐ Only one person talks at a time.
- ☐ The class sits in a tight circle.
- ☐ Everyone listens to everyone else.
- ☐ Judgments are not allowed; there is no grading, criticism, or correction of statements made during the meeting.
- ☐ There are no right or wrong answers.

Glasser suggests three basic kinds of classroom meetings.

- ☐ *Open-ended meetings* are a way of exploring feelings, values, and issues of personal concern, covering such topics as:
  - ☐ If each of you had enough money right now, would you continue going to school?
  - ☐ If you had the power to eliminate one harmful thing in the environment, what would it be?
- ☐ *Educational diagnostic meetings* are held for the purpose of exploring curriculum content areas and assessing what the students know or need to learn. For the teacher these meetings can be an indirect way of assessing whether he/she has successfully taught a particular concept—they might be held at the end of a unit, for example, instead of a quiz or test. If the class has just completed a unit on anthropology, the teacher might ask the following kinds of questions in a diagnostic meeting focusing on "cultures":
  - ☐ Are some cultures better than others?
  - ☐ What factors make a culture what it is?
  - ☐ Of the different cultures we have studied, which is your favorite?
- ☐ *Problem-solving meetings.* Since an innovative approach to school discipline is one of the most important aspects of the Schools Without Failure program, Glasser also recommends problem-solving meetings that deal with fictionalized situations or with actual problem situations when they occur.

In order to run an effective classroom meeting, Glasser points out, the teacher must be not only highly skilled in group leadership and sensitive to the dynamics of the group, but ready to go through as many as 30 practice efforts before getting it right. In short, Glasser warns, classroom meetings may sound easier to bring off than they actually are. Without the proper supervision and control, they can degenerate into aimless chitchat or, worse, noisy chaos.

Role Playing

Role playing is useful to help students understand problem situations or value conflicts through simulated experience. It enables students to emphathize with people in positions that may be dramatically different from their own and it is also a way of getting "close" to a sensitive problem and testing solutions without taking any great risk. Following is a typical role play situation centering on a drug-related issue:

- ☐ Mary has never smoked marihuana. Ted takes her to a party one Friday night and most of the other kids are smoking. When a marihuana joint is passed around the room, it finally comes to Mary. Ted has just smoked the joint himself and Mary wants to impress him because she hopes he'll ask her to go steady.

In addition to assigning, or asking for volunteers for the roles of Ted and Mary, the teacher might also ask other students to play the roles of other teenagers at the party. Following the role play, the teacher might open up a general discussion about what happened, asking the players in particular how they felt about being in their roles. A teacher who knows the students well can gain extra "mileage" from an exercise like this by assigning to particular roles people whose actual behavior indicates that they might be quite unlike the roles they are being asked to play.

Role playing can also be used to enhance subject content areas—for example, as a way of helping students to identify more closely with historical figures or characters in literature.

Decision-Making/Problem-Solving

Decision-making and problem-solving techniques are generally quite similar. Decision-making activities focus on individual problems or conflicts, while problem-solving activities usually deal with group problems or conflicts. Whatever the level, individual decision-making and group problem-solving involve a series of readily identifiable steps:

1. Define the problem or conflict.
2. List the possible choices or alternative ways of resolving the problem or conflict.
3. Investigate the consequences of each of the alternative resolutions or choices.
4. Choose the alternative that is most satisfying to the individual or the group.

Although there are numerous variations on these problem-solving steps in the literature on affective education, these four steps represent the essential process.

The role playing situation described above might lead logically to an exercise in decision-making. The student who plays "Mary" is required to come up with a solution to her dilemma during the course of the role play. In the discussion following the role play the teacher might ask the class to define the decision, think of alternative ways of making it, investigate the consequences of each alternative, and consider whether another decision might have been more beneficial.

Role playing is frequently useful in group problem-solving exercises as well. A common group problem-solving activity, for example, asks six to eight people to pretend that they are the passengers in a light plane that has run out of gas and landed safely in a desert hundreds of miles from the nearest town. They have a specified list of supplies, but nothing else. What will they do? In another popular exercise the group is asked to imagine that they are a committee of Presidential Cabinet members. They have just received word that a bomb is about to explode at a distant nuclear testing site and that there will be room for only eight people in the bomb shelter. They have half an hour to choose which eight people will survive from a list of twelve. (This exercise also forces the participants to clarify their values by making them choose one kind of "survivor" over another.)

The ultimate usefulness of decision-making exercises is their application to real life situations. Again, the sensitive teacher who can use the technique skillfully may have a variety of opportunities to apply it either to classroom disciplinary situations or to non-school situations that students share with the class.

There is a hazard in summarizing affective education techniques as if they were little more than a series of off-beat classroom activities. The risk is that some readers may be misled into thinking of affective education as a diversion or a novelty.

At its best, affective education implies a completely new and different way of teaching. For many teachers, a full understanding of affective education cannot occur without days and weeks of inservice training followed by careful experimentation with affective education techniques. Some teachers decide after exposure to these techniques that the strategy is too much in conflict with their own personal teaching styles ever to be useful to them. In accordance with the principles of affective education itself, a teacher's decision not to use the strategy should be respected. Affective education works only when teachers believe in it, feel comfortable in the informal classroom atmosphere it requires, and are sensitive to and concerned about their students' nonacademic concerns.

Affective education can be a devisive influence when it is not handled properly. Indeed, school administrators and teachers who favor the strategy must make a conscientious effort to communicate with their students' parents about what affective education is and why they want to do it. Usually the opposition will be minimal when parents have been carefully informed, and their questions and concerns responded to, before an affective curriculum is implemented.

Finally, affective education should not be viewed as a substitute for instruction in basic skills or other curriculum areas that are important to cognitive development. A student may be able to accept himself/herself in class because of a friendly, supportive atmosphere created by the teacher and his/her classmates. Nothing could be more damaging to that student's self-esteem and sense of power, however, than to emerge from such a classroom into the real world as a functional illiterate. Ideally, affective education and cognitive education will truly balance each other—just as most school districts' statements of goals say they will—in educating the "whole person."

PEER AND CROSS-AGE TUTORING AND COUNSELING

Although peer and cross-age tutoring and counseling are grouped here under a single heading, they are distinct from each other in some important ways, discussed below. They are similar, however, in their emphasis on students working with other students and assuming responsibility for part of the educational process. They are discussed together to emphasize this point.

Peer and cross-age tutoring and counseling are based on the premise that throughout modern society, adolescents encounter a dilemma. At a time when they are beginning to mature physically and emotionally, they discover that the role assigned them by society is "student" and that it will remain their assigned role for several years beyond the time when they are ready to make the transition to more functional roles. One of the traditional tasks of schools has been to reinforce this role of student. Far too often students in schools are required primarily to sit quietly, listen to adults talking to them, and commit to memory a huge quantity of abstract information in which they may find little or no personal meaning.

Peer and cross-age tutoring and counseling are ways of enabling students to assume adult roles, if only temporarily; to become actively involved in their own learning and in someone else's learning; and to take on a "real world" responsiblity within the artificially compartmentalized world of the school. Few of the normal activities of schools allow this opportunity, thus creating an environment in which, for some, the drug subculture becomes a more appealing form of "community involvement" and social status.

Peer and cross-age tutoring and counseling programs can provide meaningful "work" within the school setting to students who might otherwise suffer from low self-esteem and a general lack of involvement with school or with other students. Research on the effects of peer and cross-age tutoring and counseling programs on student participants has consistently shown that students who tutor and counsel make gains in self-concept and, when tutoring others, in the skills they are teaching.[5]

It is ironic that, when peer and cross-age tutoring and counseling programs first began to attract wide notice in the 1960s, they were regarded as a major innovation. In the last century, older students commonly taught or tutored younger students not out of their teacher's compulsion to innovate, but because their energies were needed. The overworked teacher in a country schoolhouse frequently had no choice but to rely on this form of assistance.

Youth Tutoring Youth

A leading advocate of the concept of peer and cross-age tutoring, the National Commission on Resources for Youth, was founded in 1967 primarily to promote acceptance of the idea that youth can be "integrated into adult society at an earlier age."[6] One of the Commission's major efforts toward this end has been the development of a program called Youth Tutoring Youth (YTY). Since the beginning of the program, thousands of YTY projects have been established in communities all over the country, and the Commission has produced a variety of training materials, handbooks, and documentary reports.

In some ways, setting up a YTY program is relatively simple, since there are very few material requirements. An adult supervisor is needed, but only part-time. Under optimal conditions the program should provide a comfortable, quiet space in which tutors and tutees can meet and work together. Handbooks for supervisors and tutors are available from the Commission at little cost (see resource section).

Logistical arrangements can become complicated. In one of its earliest manifestations, YTY was a summer project of the Neighborhood Youth Corps and the tutors were paid for their time. Tutors met their tutees at youth centers and schools. During the school year, however, arranging for tutors and tutees to meet together can require elaborate scheduling and transportation arrangements, especially in sprawling suburban communities—tutors in a high school may need to be driven to the elementary school where their tutees are located. Some districts using YTY solve this problem by arranging for the entire program to be contained in a single building—for example, by having seventh- and eighth-graders tutor children in the primary grades. Others arrange for tutors to have two-hour blocks of time; this is usually sufficient even when travel is involved.

Resistance from counselors, teachers, and administrators is a potential problem. If the tutor is an underachiever or a problem student (which YTY encourages), his/her teachers and school administrators may be skeptical about allowing him/her to take the time "away from school" when he or she needs "help." Yet reports on YTY programs in which both the tutors and the tutees are underachieving or troubled students have consistently demonstrated that tutor-tutee pairs will be loyal, faithful, and punctual with each other even at times when they are giving the adults in their lives nothing but trouble. The annals of YTY are filled with cases in which a tutor, for example, will cut high school for a day, but will make a point of showing up at an elementary school to meet with his or her tutee.

According to a first-hand account of one year in the life of a YTY program,[7] several elements were important in the program's success. Not the least of these was the easy-going style of the supervisor. An equally critical factor was the supervisor's willingness to "leave the kids alone; respect their ability to find their own approach to tutoring; [and] trust them to make their own judgments and find their own answers."

As one of the tutors, a 17-year-old paired with a hyperactive sixth-grader, put it:

> Sometimes I'll be waiting here and I'll see his head at the door, but he turns and runs away. So I go after him, which is probably what he wants. Only he knows I'll never run after him, I'll just walk and take my time. Once Mrs. Miles [the supervisor] caught him in the hall and just lit into him. She told me I can't let him get away with acting like that. But it seems to me that she treats him the way she says she wouldn't ever treat us, so I don't think I should treat *him* that way. She disagrees with me on this, but I just told her to leave Tyrone alone and let me handle him. I really think she's wrong about him. So she lets me do what I think is right.

The tutor elaborated on his relationship with his tutee in an interview:

> Q: What's your job as a tutor; what's the most important thing you do?
> A: Teach him responsibility.
> Q: How do you go about that?
> A: His problem is transferred into English and reading skills like that. See, if he had responsibility, he'd have learned it. But he didn't, so he needs the responsibility now....
> Q: What kind of help does Tyrone need most?
> A: Spelling.
> Q: How do you know?
> A: When he's reading to me, he'll pronounce words that aren't there; he'll just say the first word that comes into his head. He thinks I'll just correct him and he won't have to do the work. He does the same thing with spelling words....
> Q: Do you think he's happy in the program? How do you know?
> A: Half and half. He's moody; it depends on the day. Overall, he's happy in the program; he comes. I know Tyrone; if he wasn't happy he wouldn't come. At first he wouldn't come, he'd roam the halls. Now he's here at ten every day....
> Q: What kinds of improvement have you seen in him?
> A: In reading, at first he was pronouncing words, sounding them out; now he goes through a book, just reading it.
> Q: Do you think his teacher should take credit for that, or do you think you played a part?

A: It's half me, half the teacher. From what I've heard, he doesn't pay attention too much in class.

Q: What do you like most about tutoring?

A: I get to tell other people about him, like my mother, my girlfriend, my friends. I'm learning, too. I'm learning that I missed out on a lot when I was in his grade. Like consonant blends, vowels, prepositions—all these things I should've learned in the little grades when I was messing around. It helps me read better now. It's increased my vocabulary, too.... I love to read now. Like I couldn't stand mythology in eighth grade; now I love it; they're really great stories....

Peer Counseling

As the above excerpts from the interview with a YTY tutor indicate, peer and cross-age tutoring need not, and probably cannot, be limited exclusively to cognitive skills or information, even when cognitive skill development is the primary concern of the tutoring relationship. Peer counseling, on the other hand, deliberately focuses on affective development—and frequently on personal problems. For this reason, it is a much more challenging approach to implement and requires considerably more training of the staff and the counselors who participate.

The rationale for peer counseling programs is rooted in the feeling on high school campuses several years ago that the gap between adults and adolescents had become too wide to bridge in many cases. Originally, many peer counseling programs were envisioned as a way of providing frequently desperate young people with an outlet for their anxiety or with information about where to go for further help in crisis situations.

In 1972, PRIDE (Professional Resources In Developmental Education), a school-based drug abuse prevention program in Dade County, Florida, initiated a peer counseling program that has served as a model for school districts across the country. According to PRIDE's founder, Don Samuels, "Peer counselors have worked with over 20,000 students in group situations and hundreds more in individual exchanges, helping them to identify, clarify, and work out their own personal hassles. The program is a give and get one. While the peer counselors are helping others, they are reinforcing their skill in interaction, becoming more aware of their own feelings, and growing as they help others grow."[8] Samuels envisions peer counseling as a "support program" that should seek to reach "that segment of a school population that might not go to an adult for help with a particular problem. It should be designed to complement and supplement the existing guidance program." Through PRIDE, secondary level peer counselors work either with elementary students at the fifth- and sixth-grade levels, or with their peers in rap rooms in their own schools. PRIDE's rap rooms are comfortable places designed and decorated by students, where other students can "drop in, talk about their problems, socialize, and just have fun." Each rap room is staffed at all times by at least one trained peer counselor.

Training for the peer counselors in PRIDE is rigorous. Even before training begins, the resource specialists in charge of training make an effort to screen out volunteers who may be interested in an easy grade or unaware of the degree of commitment required. Also, Samuels warns, students who attend the initial informational meeting are discouraged from participating if they are considering experimenting with illegal drugs. Yet, as Samuels points out, the program is not concerned with being just another outlet for honor roll students: "Since the program should be available to all students, the peer counselors themselves must be made up of a cross-section of the student body."[9]

Once selected, groups of 12-15 prospective peer counselors undergo a nine-week training course. The course provides the participants with a wide variety of skills and information: communication, listening, and counseling skills; role-playing situations; values clarification exercises; and, finally, supervised practice in the school's rap room. The kinds of skills and behaviors that the training program is designed to promote are aptly summarized in a counseling observation form developed by PRIDE to rate a counselor's response to a client:

Helping/Facilitative Responses	*Nonhelping/Nonfacilitative Responses*
Communicating caring	Giving advice—"you should"
Showing support, acceptance, and understanding	Ridiculing, putting down
Listening by demonstrating attentive behavior; eye contact, "uh-huh," yes, nodding	Responding in a judgmental way, developing a nonaccepting climate
Being honest and open, reporting own feelings when appropriate	Expressing sympathy or feeling sorry for the client
Focusing on feelings, labeling, restating, paraphrasing, reflecting	Forming quick solutions for the client's problem
Avoids moralizing and rejecting, respecting feelings and attitudes	Asking irrelevant questions for counselor's benefit, not client's
Offering relevant information	Talking about self instead of focusing on client
Confronting client when discrepancy is perceived between feeling and behavior or when client denies, avoids, or projects responsibility for feelings or behavior	Denying a client's feeling; missing the point of client concern or responding to something other than what he is communicating; not really listening

PRIDE's peer counseling program constituted a primary source of ideas and inspiration for a peer counseling program in Washoe County, Nevada. The Nevada program, Project Promise, which also includes a parent education component, has been recognized as one of the outstanding drug abuse prevention programs in the country.

"Peer counseling is a powerful soft revolution," comments Project Promise coordinator Marshall Newman. "It can transform the atmosphere of a school. It can change the way people in the school relate to each other."

This view is amply supported by T.H. Lokke, the principal of Agnes Risley Elementary School in Reno, a K-5 school within walking distance of a high school that sends peer counselors on a regular basis to work with the children at Risley. "Since the beginning of these changes," says Lokke, "I've become much less strict and, I think, much more understanding. The kids are happy, I'm happy, the kids like to come to school, and I like to come to school."

Jerry Segar, a tall, good-looking black youth who is a senior at Hug High School, has been a peer counselor for two years. At first, he remembers, he wasn't sure he'd like working with little kids, but, he says, "Now I hate it when I miss a day with them." Like PRIDE, Project Promise puts its peer counselors through a rigorous period of training and practice. "I think the training really helped me define my feelings better," says Jerry. "It taught me things, like why a kid gives a teacher a hard time, why people behave the way they do." One aspect of the training that made a profound impression on Jerry was the IALAC story, a well-known affective education technique devised by Sidney Simon. The story tells about a little boy who goes through a fairly typical day after getting up in the morning with a sign around his neck that reads, "IALAC—I Am Lovable And Capable." During the day the boy encounters criticism, hostility, and indifference; each time one of these negative responses occurs, part of his IALAC sign is torn, until very little remains of the sign—or his self-esteem.

"The IALAC sign helped me a lot," says Jerry. "It made me realize that if you treat the kids nice and give them confidence it'll help them. I was squaredancing with some of the kids in class today and one of the kids, one of the biggest kids in the class, couldn't get anyone to dance with him. So he just sulked. And I said to him, 'If that's how you want to handle it, that's right for *you*.' Another time the kids were making paper dolls and one of the other boys came up to me and said, 'He's the only one making a baby doll,' and I said, 'That's okay, that's what he feels like making.' They were tearing up his IALAC sign and I was helping him put it together again."

LIFE CAREER PLANNING

For several generations, beginning around the turn of the century, the idea that prolonged years of school would ultimately be rewarded by a satisfying, remunerative career dominated the American consciousness—in a way, it was the American Dream. Other traditional avenues into the job market—family, community, and ethnic group associations, for example—were also taken for granted. Except for periods of recession and the depression of the 1930s, the job market itself was fairly stable. Perhaps most important, the principle of unlimited growth and energy resources seemed immutable. Within the last two decades, all of these assumptions have been challenged.

Education, one of the Nation's leading "industries," offers a striking illustration of the changes that are happening in the world of work. For waves of immigrants throughout the first half of this century, education was a profession that offered job security and upward mobility. Then came the end of the postwar baby boom and, with it, sudden declines in enrollment in the Nation's elementary and secondary schools, and in the colleges and universities as well. Since 1970-71, a peak year, public school enrollment has declined by 1.7 million. According to recent estimates, by 1983-84 it will have declined by 12.5 percent, or 5.8 million, from the peak year. By 1980, as many as 239,400 new teachers may be competing for 90,000 job openings.[10] These figures, combined with strict rules in education and other public service jobs governing tenure and layoffs, have produced a work force in many professions, but particularly in education, that has become proportionately older and, according to some studies, less satisfied with the work each year.[11]

Why were all the people who are presently unable to find teaching jobs never advised to prepare for another career? The answer is simple: no one really knew, and, in fact, no one can be certain that minor changes in the birth rate (which took an unexpected upward swing in 1977) may not alter the projections. Five years ago today's energy shortages were anticipated by only a small minority of Americans. Now they are a fact of life; they have begun to reduce the work force in some sectors of the job market and also to create entirely new industries, new demands for people with specialized skills and training, and new job markets.

In short, change in modern society happens too fast for everyone always to be prepared for each new trend. It is a situation that Alvin Toffler labeled "future shock" and that has given rise to such phrases as "learning how to learn"—an abbreviated way of saying that there is so much to learn today that knowledge can no longer be reduced to essentials all well-educated individuals should possess. In the world of work, the equivalent of "learning how to learn" is represented by an ancient proverb: "Give me a fish and I will eat for today; teach me to fish and I will eat for the rest of my life." Learning how to fish, learning how to adapt to a changing job market, learning how to learn—all of these are skills that have only recently become necessary.

Life career planning is a concept and an increasingly important drug abuse prevention strategy that aims at helping young people focus on long-range goals for life and work both through structured intellectual exercises and through "real life" experiential learning in the form of actual jobs or on-the-job training. Life career planning can be implemented in a school setting, within a community-based agency, or in a combination of school and community settings.

Often, life career planning goes by other names. As described here, life career planning is a composite of many different approaches that share a basic rationale and some common methods. Life career planning may be similar, for example, to school-based career education programs like those initiated by the U.S. Office of Education under Commissioner Sidney Marland in the early 1970s. Although implementation of career education through the Marland program is still relatively limited—according to a survey of USOE career education programs conducted by the American Institutes for Research in 1975, "the Nation has moved about 15 percent of the way toward the goal of comprehensive career education for all young people"[12]—the USOE effort has been a catalyst for new ways in which schools can help young people to plan for the future. Another approach to life career planning is represented by several publications written by Richard Bolles and John

Crystal (see resource section). Bolles, in his highly readable *What Color Is Your Parachute?*, uses a somewhat different phrase: "career and life planning."

In discussions of life career planning, it is almost as important to mention what life career planning is *not* as to define what it is. Life career planning should not be confused, for example, with vocational education. Once vocational education was known in schools as "shop"; it was even better known in the privacy of the teachers' lounge as a "slow track" for students who were unable to meet the standards of the "academic track." In recent years, vocational education has begun to shed its image of being the refuge of second-class citizens. Clearly, the academic track, which has traditionally prepared students for professional and educational careers, no longer has much claim to invulnerable supremacy. At any rate, vocational education is only a small part of life career planning. Nor is life career planning a simple exercise in determining professional aptitude like the paper and pencil tests commonly administered in high schools—although this may be part of it. Finally, life career planning is not a "one shot" gesture like the "career days" or assemblies that many schools arrange in order to satisfy the requirement that they provide their students with some awareness of career options.

Life career planning is a systematic way of examining one's long-term goals, not just for a vocation, but for leisure and lifestyle. Correctly implemented, life career planning asks young people to examine who they are now and who they want to be in the future. It gives them tools for assessing their strengths and weaknesses and it teaches them "how to fish" by providing them with real world skills that they will always be able to use, even if their goals and roles change. Life career planning is a continuous process. It does not stop when a person receives a degree or gets a job. It is part of living an intelligent, informed life.

Life Career Planning Techniques in the Classroom

Some techniques for life career planning are useful exercises that lend themselves to implementation in a classroom setting and might be included, for example, in a unit on career education. These exercises and activities can also be implemented in nonschool settings, of course—in life career planning workshops, in recreation center programs, in counseling programs, and in many other community settings.

The Simi Valley School District, located in a suburban area north of Los Angeles, California, has developed a career education curriculum that uses "task cards" for the various grade levels to involve students in career oriented activities. Following are summaries of several representative activities:

☐ A task card for the intermediate level asks students to investigate the topic "Fame and Fortune" with the objective of developing attitudes toward school and work "that will contribute toward achievement and advancement." The principal task is to study the life of Abraham Lincoln and "try to explain how Lincoln became President of the United States, given that in his youth Lincoln was called a 'jack of all trades and master of none.'"

☐ Another task card for the primary level is entitled "Mommies at Work." It asks the students and teacher to talk together about the work that mothers do and then to create a collage showing women working.

☐ "Hobby Hunt Questionnaire" is a task card for the intermediate level that asks students to interview other students about their favorite hobbies, finding out, among other things, how they learned the hobby, what supplies are needed, and to what careers the hobby could lead.[13]

In *What Color Is Your Parachute?*, Richard Bolles offers a series of exercises that would be more appropriate to secondary level students. Examples are paraphrased below:

☐ Write a diary of your entire life. When the diary is done, take a piece of paper and put two columns on it:

Things Which, On The Basis Of Past Experience, I Want To Have Or Use In My Future Career(s)	Things Which, On The Basis Of Past Experience, I Want To Avoid In My Future Career(s)

When this is done choose the things you both enjoy and did well, underline these, and rank order them.

☐ Write a detailed answer to the question: What are the things that make me unhappy? Then analyze what you have written in terms of two categories: 1) things that lie within my control, either through a change of environment or a change in my interior life; 2) things that lie within the control of others, or fate, or circumstance.

☐ Write an article about yourself entitled "Before I Die I Want To...." After the article is written, make three separate lists on a sheet of paper:

1	2	3
Things already accomplished	Things yet to be accomplished	Steps needed in order to accomplish things in column 2

Activities like these are oriented toward the more global aspects of life career planning—questions of motivation, aptitude, and goal setting. Life career planning can also offer very specific, practical skills, however. These include:

☐ Resume writing
☐ Interviewing for a job
☐ Finding the right kinds of jobs for one's abilities
☐ Creating jobs of one's own

While a wide variety of stimulating exercises and activities can be implemented in a class or workshop on life career planning, for young people classroom exercises should be viewed as a mere beginning. They are, after all, only part of the picture.

Experiential Life Career Planning

Almost no one would argue with the statement that adolescents, even those who are strongly motivated to pursue academic studies, can benefit from job and work experience. In fact, the issue of jobs for adolescents has profound social policy implications. Studies have shown that increases in crime are directly related to increases in unemployment.[14] Currently, youths between the ages of 10 and 17 are responsible for more than half of all serious crimes in the United States. Juvenile crime has risen at a rate more than twice that of adult crime since 1960,[15] at a time when juvenile unemployment has also reached alarming proportions. In short, jobs for youth may help control the seething cauldron of discontent, aimlessness, and lack of purpose that is characteristic of most American youth, particularly nonwhite youth, who are not "making it" in the system.

To regard youth employment as simply a way of "keeping the lid on," however, is to overlook a deeper kind of discontent that extends far beyond the confines of the inner city ghetto—a discontent that arises from a general lack of purpose, direction, or sense of life goals among a wide segment of American youth. Money for youth employment alone will not satisfy the need that gives rise to this discontent. As one worker in a youth counseling program put it, "I spent a summer as a counselor for the Neighborhood Youth Corps and the kids got paid, but they really had nothing of any value to do. They were forced to come in to the center every day and it was worse than if they'd been hanging out on the corner. They would have been better off if they'd just had their checks mailed to them." For young people, meaningful work can be a form of life career planning and an experience in growth and self-discovery; jobs, on the other hand, are often just a way of filling time in order to pick up a paycheck.

Ideally, life career planning enables adolescents to explore many different kinds of meaningful work and to discover work that they like to do and can do well. Providing this opportunity is one of the essential goals of the Gloucester Experiment in Gloucester, Massachusetts.

The Gloucester Experiment grew out of the efforts of its founder, Al Duca, to involve a group of young people in a work project that would help them to "get high on life." A sculptor and artist whose flexible schedule allowed him to devote months at a time to such projects, Duca explains the logic of his idea: "An Etruscan happily involved in making things would not have understood what drug abuse prevention means. It would have to have been an obscure term to him." Duca believed that an experiment revolving around a multifaceted work program for young people could have a significant impact not just on them, but on the total community. He believed so completely in this idea that he spent nearly two years getting the project launched and funded.

The Gloucester Experiment became an actuality when Duca and the many friends and colleagues who were helping him to find an appropriate project in Gloucester finally decided on the restoration of a local burial ground. They also decided to seek the involvement of the entire community, in addition to young people, by creating what they called a "community partnership" and inviting a variety of community resource people to assist them. The project began as a volunteer community effort. Later the schools recognized it by giving students credit for the work they did with Duca. Finally the project became an elective course in the high school. For several months Duca, two teachers, and some 30 students spend every Friday studying burial ground restoration techniques, the history of the region, Egyptian mummification, and anything else that would help them to understand the task before them. They visited museums, historical societies, and other burial grounds similar to the one on which they would be working.

By the time the group was ready to begin, Duca had succeeded in attracting major funding from the National Institute on Drug Abuse—enough to pay some of the students a modest stipend for their participation. One student recalled the first summer's experience in her journal:

> One day it was really pouring out and we made a bet with the city workers that we could load one of their trucks with dirt from the burial ground before noon. When we were halfway through, two kids went to get hot coffee and donuts. By the time we had finished it was just a few minutes before noon and the coffee people were back. So we went to the pit behind the cemetery and all jumped in to wash off. When we came out, there were big blankets and hot coffee waiting for us. It was a day that brought a lot of us closer together....
>
> One thing I found really interesting was doing research on some of the stones. At times I felt I was writing a gossip column for the colonists and early settlers. So many people were married to more than one person at the same time that it makes today's goings-on seem mild. At one point in the late 1700s, a small pox epidemic went around and killed many people, especially small children. It wasn't always the disease that killed them; sometimes the cure was worse than the illness. For example, a cure for "dropsy" was to fry a frog to a dark powder and make tea out of it, or to put little bugs on their skin and let them suck all of the "bad blood" out.

As this excerpt indicates, the experience was not only fun and profitable for the youthful workers, but it also helped them acquire a variety of skills. By the end of the first summer, Duca and his co-workers had completely transformed the burial ground, created immeasureable pride in the project throughout the community, and learned, first-hand, among many other skills: surveying, gravestone rubbing, archeological techniques, stone restoration and repair, masonry, landscaping, writing and keeping of archival reports, initiating a law to help preserve historic burial grounds and getting it enacted by the Massachusetts legislature, working with various departments of the city government, and developing effective relationships with the news media.

The restoration of the burial ground was only one of the Gloucester Experiment's several missions. While the burial ground restoration was in progress, Duca enlisted the aid of his young colleagues in the construction of a mobile information center, using eighteenth-century building techniques. Then several members of the group made a series of slide presentations depicting the work that had been accomplished. Finally, the Gloucester Experiment crew built an educational resource center on a piece of land adjacent to the burial ground. The entire structure, as large as a two-bedroom home, was constructed by high school students and others among the 200 young people who had become attracted to the project. They assumed full responsibility for all phases of the building's construction: laying the foundation; framing the structure; positioning the beams for the roof; and installing drywall, wiring, plumbing, windows, and cabinets.

For the young people who participated in the Gloucester Experiment, there were multiple benefits. One of these was the actual *experience* of life career planning. After the completion of the burial ground restoration, the participants were asked to submit a portfolio demonstrating things that they had learned. The development of a resume was part of the assignment. Following are some excerpts:

> ...I started as a volunteer.... During the summer of 1973 I became a paraprofessional supervisor. This impressive title meant I got to tell people what to do in the cemetery. It also meant, much to my surprise, that I was to go to Charlestown [the historic site of Bunker Hill] and help them start a project there. This was done through the Boston 200 Committee, for a Heritage Trail. Also during that summer I worked on our publication of the Rockport Eagle, getting the stories the kids had written organized. I left the project the following September to find a job, but the following April I returned as an advanced trainee. Here it is October already and I'm still here, not only because I enjoy it, but also because it's the only job that ever taught me anything.
>
> While working at the cemetery, I have done a variety of skills. Along with the general physical work, clearing, desodding, and mapping to be done in good weather, I worked on the records kept of the maps in the winter. I also worked with a group on dissemination. We planned workshops and spoke to public audiences. While doing this, I became very interested in the legal aspects of the program.
>
> When I was younger, I was very interested in plants and the way they grew. My interests grew as I got older and I planted bigger and better gardens and joined a horticulture club. When I first heard about the cemetery project, I didn't think too much of it. Then I decided to join it to see how it was and found out that it was a good learning experience and was a fun thing to do. While working on the project, my interests changed to landscaping, because I found it much more interesting than working with flowers. So I have decided to go on in this field.

Teri Tosi began participating in the Gloucester Experiment three years ago, while she was still in high school. She spent more time out of high school than in, she remembers. "I never went to class," Teri says, "unless I liked the teacher. Then a friend of mine told me about Al and the work that was going on at the burial ground. I talked with Al and he thought I'd do all right, so I started working here. I got credit for it from a local community college, and I arranged to get all my assignments from the high school so I didn't have to go to classes—they let me do my work at home. I shingled a lot of the roof of the resource center and I did a portfolio about native wildflowers that I planted in the burial ground."

Teri also learned pottery and ceramics. She helped a local potter to build light fixtures for the resource center and by the fall of 1977 she was working as an apprentice to two different potters. She also had a summer job that year as an assistant at the resource center, helping to run a program for young children. "Working here," Teri says, "I've met a lot of people I never would have met otherwise. I grew up in a very affluent town right next to Gloucester. There are girls there who never wear the same outfit twice. Here I met people who never had money. I learned to get along with lots of different kinds of people. Working on a project like the resource center, you have to get along with people."

In the last two years, Teri has earned enough from different jobs to support herself in her own apartment. "I'm completely on my own now," she says. "My parents were pretty upset with me when I wasn't going to school, but now we're getting along really well. They even had a birthday party for me last week. It was the best time we've had together in a long time."

ALTERNATIVES

In the early 1970s, "alternatives" made its way into the vocabulary of people who were concerned about drug abuse prevention. It is a word that has had a profound impact on the field ever since. Yet, as a form of drug abuse prevention, the alternatives strategy is a paradox. On the one hand, it can be used immediately with high risk populations and re-

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quires no particular training; it is one of the easiest, most practical drug abuse prevention strategies to implement. However, a successful alternatives program is a complex undertaking that requires a long-term commitment and unusual organizing skills.

The alternatives approach is based on several assumptions about drug-using behavior:

- ☐ People use drugs voluntarily; drugs provide people with something they consider valuable.
- ☐ Often people use drugs for what might be considered "positive" or "healthy" reasons: to enhance the senses, for example, while listening to music; to achieve altered states of consciousness; to experience a sense of adventure.
- ☐ Drugs are also used for what might be labeled "negative" reasons, or as a way of dealing with negative feelings or situations: to relieve boredom, anxiety, depression, tension, or other unpleasant emotional and psychological states; to rebel against authority; to escape from feelings of loneliness or inadequacy; to be accepted by one's peers.
- ☐ Whatever the reasons for drug use, the same effects can usually be achieved through alternative means that are preferable and more constructive.
- ☐ An alternative involvement should not be regarded only as a substitute for drug use, as in the case of a "natural high." Ideally, an alternative to drug use will lead to a long-term constructive activity, not just a short-term gratification.

In *Alternatives to Drug Abuse: Steps Toward Prevention,* Allan Y. Cohen tabulates a variety of levels of experience, types of gratification, corresponding motives, probable drugs of abuse, and alternatives.[16] The following two examples clearly illustrate the wide range of possibilities.

Example #1:

Level of experience: Type of gratification	Corresponding motives, needs, aspirations	Most probable drugs of abuse	Alternative example
Physical: pertaining to the general feeling of physical well-being and experience of the body	1) physical relaxation	1) alcohol, tranquilizers, marihuana	1) relaxation exercises, hatha yoga
	2) relief from pain or anticipated prevention of sickness	2) physician prescribed drugs	2) dance and movement training
	3) increased physical energy, avoidance of fatigue	3) stimulants	3) training in preventive medicine; positive health habits
			4) dietary and nutritional training and habits
			5) physical recreation; competitive athletics (especially for *fun*); individual physical conditions e.g., jogging, hiking, nature study, certain outdoor work, etc.

Example #2:

Level of experience: Type of gratification	Corresponding motives, needs, aspirations	Most probable drugs of abuse	Alternative example
Social-Political: Pertaining to experiences generated by identification or involvement with social causes or political movements; also reaction to social and political inertia or change	1) identification with anti-establishment forces	1) marihuana, hallucinogens, sometimes any illicit substance	1) partisan political action, e.g., helping candidate campaigns
	2) rebellion against disliked laws	2) marihuana, etc.	2) nonpartisan lobbying, e.g., for ecological projects
	3) overcoming discouragement or desperation with social-political future	3) any	3) field work with politicians and public officials
	4) induced change in mass consciousness, sometimes by attempted disruption of "the system"	4) hallucinogens	4) involvement in social service
			5) participation in VISTA, Peace Corps, etc.

A thoughtful reader might conclude that almost any kind of constructive activity could be considered an alternative to drug abuse. Most advocates of the alternatives strategy would agree with this. The sheer range of the strategy and its open-endedness, however, can be puzzling at times to the uninitiated. As one parent commented in a general discussion of drug abuse prevention, "People are calling things 'drug abuse prevention' these days that I used to call 'camp' or 'music lessons.'"

The difference between a camping experience that is "just" a camping experience and a camping experience labeled "drug abuse prevention" is primarily a difference in context. Many parents send their children to camp, for example, without ever thinking of it as a form of drug abuse prevention. They may do it simply because they also were sent to camp and camp is part of their frame of reference—camp, in their view, is where children should go during the summer instead of school. They may also, on the other hand, have some concern about problems that they see developing in their children; they may hope that the camp experience will help them to get along better with other children and acquire more self-confidence. The latter example would be closer to thinking of camp as a form of drug abuse prevention, even if the parents never actually verbalize this idea.

Parents, teachers, recreation leaders, youth workers, and others who are familiar with drug abuse prevention strategies have an added advantage over those who are unaware of these strategies: they can place the child's or young person's behavior in a context that allows them to think more purposefully about the kinds of experiences that might be most helpful and supportive. Camp might be the best thing for a youth who is beginning to show signs of being troubled. Tutoring younger children, staying home and working on a carpentry project, caring for animals, taking lessons to develop skill in a particular sport, or learning how to make films might be even more satisfying and helpful. In short, a wide variety of options are available that the concerned parent or youth worker might not think of without a clear framework for matching activities to young people's individual needs. The alternatives strategy offers such a framework.

A number of traditional youth-serving agencies can and do offer alternatives. These include the YM-YWCA, the Boy Scouts and Girl Scouts, 4-H Clubs, church groups, and even schools. Depending on the community and the attitude of these agencies toward drug use, however, new kinds of organizations may also be needed. In many communities, the youth who most readily use the available alternatives activities are the best adjusted, the ones who would be characterized as "low risk." Often traditional organizations have few ways of reaching out to involve the "high risk" youth who need their help much more than the ones they normally attract.

Providing such opportunities is one of the primary purposes of Youth Alternatives, a program component of Community Coordination of Drug Abuse Control (C$_2$ODAC) in Boise, Idaho. C$_2$ODAC was launched in 1972 in response to general concern among adults in the community about the rising incidence of youthful drug abuse. As in many other communities where the drug abuse problem came as something of a shock in the late 1960s, one of the organization's first efforts was to assess the extent of the problem. C$_2$ODAC volunteers canvassed their entire county—first in 1973 and then again in 1975—for two of the most comprehensive surveys of drug use ever initiated by a local community organization.

The findings might have been written in advance by an expert on drug abuse prevention, but they were not exactly what the citizens of Boise would have predicted—or liked to hear. Primarily, they confirmed that a drug abuse problem did exist in Boise. In 1973, for example, more than six percent of youth between the ages of 9 and 12 indicated that they smoked marihuana occasionally or regularly; for those between 19 and 21, the figure was 54 percent.

The surveys also assessed many other factors related to drug abuse. They found, for example, that a child's potential use of alcohol was directly related to parental drinking and that the quantity of prescription and over-the-counter drugs in the family medicine cabinet was a reliable indicator of whether the children in that family would become drug abusers. The young people who were most likely to abuse drugs, according to the surveys, were those who shared the fewest meals with their families and were least involved in community and church activities. Significant percentages of those who did not use marihuana, the surveys revealed, believed that "better and more accurate information" would help to correct the problem of drug abuse. Among those who regularly used drugs, however, the proposed solution was "better interests and activities for young people."

"There's plenty for kids to do in this community," says Stanton Tate, who was director of C$_2$ODAC between 1972 and 1977. "The only problem was too many of the kids didn't know about these things. We probably have more cultural and recreational activities in Boise than most communities the same size. What we didn't have was a systematic way of bringing the kids and the activities together."

As a result of the first survey, C$_2$ODAC adopted two important intermediate goals, in addition to its basic mission of coordinating all community efforts aimed at dealing with drug abuse. These goals were: 1) to develop an effective alternatives program to meet the needs of high risk youth; and 2) to act as a resource for information about drug abuse and alternatives to drugs. In 1973, C$_2$ODAC published the first of a series of directories of community youth services in Boise and Ada County. Then some two dozen of the program's youthful volunteers, most of them high school students, participated in the production of a film about the community's numerous alternative activities. Most important, the Youth Alternatives program itself was launched—not, however, without a good deal of effort and some opposition.

"At first the community wasn't convinced that alternatives were the way to go," recalls Tate. "I'm sure some people thought I was crazy to fight for alternatives. It was foreign to the conservative Idaho mind. One of our opponents wanted $60,000 to set up a residential treatment program. We don't have a single treatment program in Idaho and this one would have reached only ten adult males over the age of 18. But others of us felt the money would be better spent dealing with young people before they got to be addicts."

Tate had been a rebel and a youth advocate for most of his adult life. He had worked as a minister, a judge, a "smoke jumper" putting out fires in the forests of central Idaho, and a youth ombudsman on the campus of Boise State College. Not one to give up easily, he invited Allan Cohen, a leading proponent of the alternatives concept, to address a dinner meeting of Boise's leading citizens; 150 people paid $7.50 each to attend. The next day Cohen conducted a workshop for physicians, police officers, city council members, teachers, and other involved citizens, during which the participants examined various strategies for dealing with drug abuse. "Cohen helped us develop a rationale for how we were going to go about it," says Tate. "He made people understand why prevention would be more worthwhile than treatment. He sold the concept of alternatives to this community."

Continuing to make use of outside resources, Tate invited Don Samuels, the founder of the PRIDE program in Dade County, Florida, to conduct a workshop in peer counseling for Youth Alternatives volunteers. From then on, all the volunteers received intensive training modeled on the PRIDE peer counseling training (see page 29) before they were considered qualified to work with "clients."

Youth Alternatives is not a counseling program, however. "The relationship between the counselor and the client is very important," says Tate. "In fact, getting them into an activity isn't as important as just *being* with them. The clients are kids who need someone to talk with, someone who can listen to them and understand what's bothering them. But it's hard to have a relationship with somebody if you don't have something in common to share. That's where the alternative activity comes in." Although the counselors do not follow any formal rules in establishing a relationship with a client, generally—after an initial meeting—their strategy is to find out what kinds of activities the client might want to try out and then to go along the first time to see if the alternative meets the client's needs. Frequently, one try is insufficient. Some clients come in to the Youth Alternatives office, a comfortable "rap room" setting, and never even reach the stage of locating an alternative—the opportunity to talk with someone is enough for them. In a typical year, at any rate, some 250 clients are served by the program and during any given month an average of 24 counselors are prepared to offer their time and help. The majority of the clients are recommended by their schools or by the juvenile justice system.

The actual alternative activities that young people become involved in through the program have been as limitless as the concept of alternatives itself. During one month, for example, Youth Alternatives clients were referred to and became part of the following activities and programs: arts and crafts, karate, reforestation, backpacking, a Humane Society dog show, horseback riding, designing posters for Youth Alternatives, astrology, camping, and volunteering in a local hospital. In addition, many of the young people were placed in jobs. "We found that employment is the most important alternative of all," says Tate. "It's the most satisfying and vital. When they have a job and have some coins jingling in their pockets, money that they've earned, it really helps them to feel good about themselves."

PARENTING AND FAMILY COMMUNICATION

Classes for Single Parents to Begin at Three Locations

> *One-Parent Family Education will begin an eight-week class for single parents at three locations this week.*
>
> *Designed to improve communication and enrich relationships within families, the course offers a supportive group setting in which single parents can discuss their needs and experiences.*
>
> *Fee for the class is $35; $15 for welfare recipients. Free childcare is available. One-Parent Family Education is a nonprofit organization. For more information, phone 395-9540.*

This announcement, quoted directly from a major metropolitan newspaper, could have appeared in a newspaper in almost any large community in the country in the last five years. Parenting, family communication, and family education courses constitute a major trend. Whether identified as a drug abuse prevention strategy or not, they clearly respond to an important need.

"Most people have the idea that, just because you can procreate without any instruction, that gives you the ability to parent," says Lin Woodard, the founder and director of Project INFO, a family education program in Whittier, California. "You have to be trained to be a plumber, to drive a car, to be an electrician, to be a teacher—but there's no training for the hardest job in the world: parenting. Families can easily get into destructive patterns without even knowing it. And when they find out it may be too late. Well, it can be prevented."

Project INFO is unlike most parenting and family communication programs across the country in that it deals with all the members of a family and the attendance of the entire family is a requirement for participation. A majority of the families who enter Project INFO's seven-session training program are referred either by school disciplinary authorities or the juvenile justice system; often families are asked to participate as a requirement for a youth's continued attendance at school, or as an alternative to disciplinary action.

"Our program is both primary prevention and early intervention," says Woodard. "If a family comes in on referral, it might be early intervention for the family member who was referred but primary prevention for the younger brothers and sisters. Usually the worst problems have already developed. For example, the family conversation has declined to the level of mere maintenance—they only talk to each other about basic daily functions like washing dishes and schedules. When the family reaches the point where there's no exchange except maintenance talk, one of those family members is going to be in trouble. It might be the mother who decided to have a gin and tonic in the middle of the day or dad who decided he has to have an affair to feel better or a kid who thinks that downers make algebra more tolerable. We have families coming to us for training who haven't spent the same evening together for seven consecutive weeks in many years."

Parenting and family communication training is no substitute for economic well-being, of course. Nor will it fend off any of the other harsh pressures of modern day living that may contribute to family problems.

What it can do is make family members more considerate of each other, help parents to build their children's self-esteem, and provide families with healthy, constructive ways of solving the normal conflicts of family life.

Many parenting and family communication training programs owe a large debt to Thomas Gordon, who developed a pioneering program entitled Parent Effectiveness Training (P.E.T.) that spawned a series of books, a training institute, and thousands of P.E.T. classes every year in communities all over the country. The numerous books by Rudolf Dreikurs on parenting and child discipline are another major source of ideas. And the techniques of Transactional Analysis are also commonly used as part of parenting and family communication training. The field also has its popularizers at the level of daily newspapers and magazines: Eda LeShan, Lee Salk, and many others.

Whatever its source, parenting and family communication training is usually based on a rationale that is both simple and profound. Eleanor Sarris, curriculum director of Project INFO, explains it in the following way:

- ☐ Destructive and harmful ways of parenting, even in "normal" and healthy families, are passed from one generation to another. This chain can be easily broken, however. Parenting and family communication training can have a positive impact not just on present problems, but on future generations.
- ☐ Because of the constant closeness and intimacy of a family, parents and children may inadvertently fall into predicted patterns. They may develop expectations of each other that can become self-fulfilling prophecies—often negative ones. They may treat each other without consideration or respect. If they merely stopped to ask themselves, "Would I treat a friend this way?" they probably would refrain from many of the negative things they do and say to each other, or at least think twice before doing and saying them.
- ☐ Communication, or the lack of it, is a crucial factor in a family's ability to get along together.

P.E.T. training begins by addressing the roadblocks to communication that commonly occur in families. Gordon calls these "the dirty dozen":

- ☐ Ordering, directing, commanding
- ☐ Warning, admonishing, threatening
- ☐ Exhorting, moralizing, preaching
- ☐ Advising, giving suggestions or solutions
- ☐ Lecturing, giving logical arguments
- ☐ Judging, disagreeing, criticizing, blaming
- ☐ Praising, agreeing
- ☐ Name-calling, ridiculing, shaming
- ☐ Interpreting, analyzing, diagnosing

☐ Reassuring, sympathizing, consoling, supporting
☐ Probing, questioning, interrogating
☐ Withdrawing, distracting, humoring, diverting

Although some of these may sound like positive, supportive responses, Gordon argues that all of them are ways of making another person feel inadequate or unimportant, secondary to the concerns and wishes of the listener. All of them are ways of saying nonverbally, "What you just said may be important to you, but it isn't so important to me. Therefore, you're not so important to me and whatever is bothering you isn't very important to me either."

A child comes home from school one day angry and upset, for example, and says, "I hate everybody and I'm not going to my piano lesson this afternoon." The unwary parent might easily respond with a communication roadblock such as:

> "Don't be silly. Of course, you're going to your piano lesson. Now hurry up and practice."
>
> "You think *you've* had a bad day. The washing machine broke down this morning, and the laundry room was flooded when I came home from shopping."
>
> "Oh, it can't be all that bad. You're just out of sorts."

None of these responses encourages communication and none of them attempts to find out what might be bothering the child. All of them are a way of communicating, "Whatever is bothering you doesn't matter."

Given the very common condition of poor communication in families, one of the basic building blocks of parenting and family communication training is a technique labeled *active listening* or *responsive listening,* a skill that the parent can use to indicate that he or she has heard what the child is saying and understands what the child is feeling. In the above example, the parent might have said, "It sounds like you've had a bad day." No judgment or rejection is indicated; the child is encouraged to confide and express himself/herself. The parent can paraphrase the child, or even just nod, to indicate that he or she has actually heard what the child is saying.

Another common family communication technique is the use of *"I" messages,* usually in situations involving anger. A teenage son has asked to borrow the car, for example, and arrives home two hours late without having telephoned. His father could say, "You're so irresponsible that you can't have the use of the car for a month. You *always* do things like this. The least you could have done was to phone and say you were going to be late. But not *you*!" Obviously, this is a "you" message; it compounds the anger and resentment by adding the weight of a judgment not just about the objectionable behavior, but about the teenager himself. The father could have sent an "I" message: "I was terribly worried when I didn't hear from you, because I was concerned about where you might be and if you were all right. And I'm also upset because I had to cancel an appointment that I couldn't get to in time." The father has still acknowledged his anger, but he has not used it as a vehicle for condemning his son altogether.

A third parenting and family communication technique often used in training programs is a method for *problem-solving and conflict resolution.* The main objective of this technique is to avoid the typical situation in which the parent and child engage in a power struggle which can only be concluded by one or the other "winning." Thus, problem-solving and conflict resolution are seen as a cooperative, mutual, democratic effort.

One approach to family problem-solving and conflict resolution is for the parent and child to examine together the various steps of the decision-making and problem-solving process described earlier in this chapter, in the discussion of affective education: define the problem or conflict; list the possible choices or alternative ways of resolving it; investigate the consequences of each alternative; and choose the alternative that is most mutually satisfying.

Another method is involved in Rudolf Dreikurs' "logical consequences" approach, a way of resolving conflicts by testing the consequences of a decision or a particular form of behavior. Dreikurs gives the example of a young boy who resisted doing his assigned chores. Finally his mother reached an agreement with him: since she also disliked doing many of her "chores," they would both stop doing their chores and do what they wanted instead. The next day the boy awoke happy in the knowledge that he had not been nagged at to take the garbage out the night before and that he could skip making his bed and brushing his teeth. He also discovered, to his dismay, that his mother was not awake, as usual, and making his breakfast. When he called to her, she explained that she preferred to stay in bed that day. Nor had she made his lunch when he came home from school. She was too busy that afternoon to drive him to a Boy Scout meeting, or even to pay much attention to him. The boy directly experienced in this situation the logical consequences of their "agreement." As Dreikurs explains it, he learned "a lesson that very few children experience: that order exists for their benefit as well as for other members of the family."[17]

In addition to using techniques similar to the ones described above, Project INFO stresses methods for dealing with two other key aspects of the family dynamic: anger and affection. Exercises focusing on anger are carefully handled, since, unlike most parenting and family communication training programs, Project INFO involves all family members. "No matter what the exercise is," says Woodard, "we discourage families from working on real problems during the workshops."

Each of Project INFO's seven evening sessions is evenly divided into two parts. During the first hour the parents in each family separate from their children and work with groups of other parents and children; then the families reunite and participate together in the same group for the second hour. One real-life exercise that Project INFO does encourage is a time for mutual sharing, in which the parents tell their children something that happened to them when they were teenagers that they have never revealed before—a dream or a wish, for example—and then the children, in turn, share something with their parents that they have never shared before. This is one aspect of what the program describes as the need to develop a "nourishing climate" within the family.

The success of parenting and family communication training can be measured in part by the huge response that the dozens of different training programs and books on the subject have generated. The strategy provides immediate, palpable relief to troubled families and it can be mastered easily. One father who participated in Project INFO confides, "I know I'm very strict and authoritarian and I think this has helped all of us in our family understand each other better. Just knowing some of the things that go on under the surface in a family has meant a lot to me." A mother of a teenage girl says enthusiastically, "My whole relationship with my daughter has changed. She's even doing her chores now without me having to remind her. And I feel different about myself. If somebody came up to me and admired my necklace before I might have said, 'Oh, I got it for three dollars at Woolworth's.' Now I think I could just accept the compliment. I think I learned something about accepting myself, not just accepting my daughter." An evaluation of the impact of Project INFO on its youthful participants amply supports the enthusiasm of these parents. The recidivism rate for drug abuse, one year later, of young people referred to the program by the schools or the juvenile justice system during the first two years averaged eleven percent.

"We can't help everybody," cautions Lin Woodard. "Many of the families that come to the program are in crisis. We have to refer some of them for further professional help. This isn't a counseling or psychotherapy program; it's an educational program. But the nature of the crisis differs. A woman who's just found out that her child is using marihuana may be in just as severe a crisis as a person whose whole family is falling apart. We do what we can for all these families. For many of them, just the knowledge that somebody cares is terribly important."

CHAPTER 3

Organizational Models

The strategies, programs, and techniques discussed in the preceding chapter represent an overview of activities that are generally included in drug abuse prevention programs. Yet, to focus exclusively on these strategies would be to miss an aspect of prevention that has gained increasing importance in recent years: the development of new organizational models both for implementing programs and for creating institutional change.

The rationale for new organizational prevention models is rooted in the idea that drug abuse, particularly among the Nation's youth, is symptomatic of new kinds of individual and societal problems. Often traditional youth-serving institutions have not been able to deal with these problems adequately; on occasion, they have even contributed to the problems.

Affective education deals with an aspect of human development that schools have traditionally neglected, for example. The value of this strategy is significantly diminished, however, if it is implemented piecemeal—a common illustration would be a school that offers an elective class in human development or values clarification taught by one or two teachers who are interested in the subject. "Business as usual" can easily continue in such a school without anyone, except perhaps the teacher of the human development class, realizing that the school has only begun to take the idea of drug abuse prevention seriously.

Unfortunately, isolated, piecemeal drug abuse prevention efforts in school settings are quite typical. Therefore, changing schools—primarily through extensive inservice training and organization development techniques—is a major item on the agenda of school-based individuals and organizations concerned with drug abuse prevention. The school-based change agent has become an important organizational model.

Community-based drug abuse programs are frequently young organizations that began in response to needs that no other community institutions were meeting. Many of the drop-in centers, youth counseling centers, and hot lines that now engage in drug abuse prevention fit into this second organizational model and, having matured since their initial appearance in the 1960s, many of them are also beginning to play new roles and provide new kinds of services in their communities.

On occasion, well established community-based drug abuse agencies may become catalysts for community-wide coordination of drug abuse prevention programs and youth services. Although the source of community-wide coordination may also be a more traditional agency, such coordination itself constitutes a third organizational model that has profound implications and is only beginning to be well known in the prevention field.

Finally, a growing sense of pride and self-sufficiency within ethnic and minority communities throughout the country has prompted unique approaches to drug abuse prevention that characterize a fourth organizational model: the community-based program oriented primarily to a particular ethnic or minority group.

Whatever the organizational model, changing institutions in the larger community in order to provide new kinds of services in response to new kinds of needs has become a paramount goal of many drug abuse prevention programs. Often institutions and the individuals within them are threatened by change. The recent history of drug abuse prevention has had its tense confrontations and bitter disputes. These have helped prevention advocates to become highly skilled in the art of the possible and as a result many prevention programs, like the ones described in this chapter, are beginning to create significant changes not just in the lives of young people, but in the institutions whose purpose is to serve them.

SCHOOL-BASED MODELS

Since the beginning of the drug abuse crisis of the 1960s, the schools have been burdened with more than their share of responsibility for doing something about the drug problem. It was assumed that, because the schools have a huge captive audience of young people for twelve years, one might reasonably expect the schools to be able to teach them some common sense about drug use during that time. This assumption seemed logical because, next to the family, the schools are still the most influential factor in the development of many young people.

However, it is also unfair. The schools are still the most influential factor in the development of *many* young people, next to the family, but not in the development of all young people. In the last two decades, the schools have been running neck and neck with television and other sources of information outside the family. So, for that matter, has the family (see the discussion of pressures on the family in chapter 1). Although several generations ago the schools could be relied upon by certain segments of the society for social advancement and occupational status, that situation has also changed. Drugs, alcohol, television, the changing family, segregated housing patterns, social and economic inequality—all of these social problems have been dumped like unwanted children on the doorstep of the schools. The schools have had to take them in, often without being able to provide much help at all.

The result has been widespread and growing disenchantment with public education. The defeat of suburban school budgets is now a common phenomenon, in contrast to the enthusiasm for educational spending that prevailed two decades ago. Class sizes continue to grow in school districts across the country as enrollment and budgets decline (a result of the declining birth rate as much as disillusionment with the schools). The downward spiral of the Nation's urban school systems continues relatively unchecked.

Because the urban school is usually beset by more problems than any other component of the educational system, it is generally the least hospitable environment for constructive change. At a time when teachers in urban public schools have been diagnosed as being victims of a condition similar to battle fatigue, it often seems remarkable that anyone—either teacher or student—manages to complete a day in an urban school without committing at least one act of desperation. This is particularly true of junior high schools, where, in addition to whatever other pressures young people face, the awkward transition between childhood and adulthood can be a constant source of anxiety and bewilderment.

The Thrust Drug Prevention Program

Thomas Carpenter, Ph.D., also known as "Doc," chose to work at John Muir Junior High School after moving to Los Angeles, California, from New York City. It was not the typical choice of the typical teacher. The school is a huge, sprawling complex of buildings that houses 1,800 students; it is located in the heart of the city's black and Mexican-American ghetto and it is about as unlovely as a school could be—an oversized, impersonal institution, remarkably similar to hundreds of others in similar neighborhoods in cities across the country. It is the kind of school that, day in and day out, delivers nonverbal messages about self-concept and societal values to its students that come through with much more vividness than any announcement that has ever blared through the school's intercom system. They are not messages of hope. For the last two years the gargantuan Los Angeles Unified School District has been wrestling with the nearly impossible problem of court-ordered desegregation. John Muir has not been included in any of the proposed plans; the school board has determined that it is too "racially isolated" to consider.

Doc Carpenter chose to work in the inner city because of the challenge. "You have to make sure that you're going to turn the kids on," he says. "They don't have anything to lose, so it's my job to make them want to learn." Carpenter considers the problems of John Muir so routine that they scarcely warrant analysis—"It has all the problems of the inner city school," he says matter-of-factly. One problem in particular that Carpenter would like to do something about is the rigid control of "a few administrators who run the lives of all the kids in the school. They're the traditional establishment that the philosophy of prevention runs counter to."

Carpenter began with slow determination after joining the faculty at John Muir four years ago as a social studies teacher. In his second year, he and another teacher organized a program they called COPE—the Center On Participating Education—in which they combined social sciences and language arts and relied mainly on paperback books as texts. Among other unconventional practices, they knocked down a wall between two classrooms themselves and then enlisted the help of several students and other teachers in redecorating the combined rooms as an open learning center.

A voluble talker with an epic walrus mustache and abundant New York City energy, Carpenter had no trouble making friends in the community and enemies in the school, the latter primarily among the second-echelon administrators whose policies he openly criticized. He and several other dissident faculty members willingly let themselves be cast as "the opposition." Thus, when a group of faculty members participated in a three-day team oriented planning session, part of the State Department of Education's drug abuse prevention training program, Carpenter and Company were not invited. That there were differences within the school staff surfaced as a clear problem, however, at the training session; consequently, Carpenter, two students, three other teachers, and a parent finally went to Sacramento for their own training session. The result of the second session was an effort to get the two groups to work together cooperatively. Out of this came a proposal and, ultimately, the Thrust Drug Prevention Program, which began during the 1976-77 school year with funds from the Los Angeles County Department of Health.

"The first team didn't actually end up working with us very much," says Carpenter, "although there wasn't any real animosity. It just didn't work out. When they went up to Sacramento, they spent most of the time there complaining about us. When we went up, we talked about a program."

Carpenter's occasionally brash tactics have paid off in growing recognition of the Thrust program's merits. Carpenter has documented these in what one authority on the evaluation of drug abuse prevention programs described as "the best evaluation of a prevention program I've ever seen."

"Carpenter rocks the boat," says Annette Peckham, coordinator of drug abuse prevention programs for the Los Angeles County Department of Health, "but he gets things done."

During its first year, Thrust trained a cadre of nearly 100 student leaders who conducted a variety of affective education activities during homeroom periods, trained other students in the same techniques, and provided peer counseling in the newly opened rap room in the school. With the help of several key consultants, Thrust also offered a series of inservice training days for faculty members, students, and parents. And Thrust funded several "human relations days," which allowed students and parents to share values clarification activities in informal environments away from the school.

The major benefit of Thrust's first year, Carpenter believes, was its direct effect on the students who participated. According to the program's first-year evaluation report, which summarizes the tabulated results of an elaborate student questionnaire, unacceptable high risk behaviors—including drug abuse—among Thrust participants declined significantly in comparison with a "non-Thrust" control group.

Now in its second year, Thrust is making a more concentrated effort in the area of staff development. This includes intensive training for new teachers—"if they don't survive, it's a revolving door," says Carpenter, "and that's serious for the kids; it creates dysfunctional behaviors throughout the school "—and workshops in organization development for the administrative staff.

According to the conventional wisdom of changing schools, one rule that should almost never be violated is "Keep a low profile and don't get anybody too upset." Clearly, this has not been Carpenter's strategy. He has balanced his criticisms with useful contributions, however, (inservice training, for example, and help for troubled students), and he has kept the trust and good faith of the school's principal. "The tone of the school has changed," says Larry Foster, who was principal of John Muir until the fall of 1977. "I think there's a more humane and positive atmosphere. The program has encouraged positive behavior among the students and it's increased communication among the students, the staff, and the parents. As I understand it, that's what drug abuse prevention is supposed to be about."

Alameda County Training and Development Center

School districts are rarely in the position to provide leadership in fields like drug abuse prevention. More typically, they act in response to crises and then drift along in a state of inertia until the next crisis comes. The Alameda County School Department, in Alameda County, California, is an illustration of the creative leadership that a county education department can initiate to remedy this situation. The school department's Training and Development Center has provided services to thousands of individuals and hundreds of schools and community-based programs since it was founded in 1970. Located in a county with a population of over 1 million and communities that range in size from Oakland, with 350,000 people, to tiny rural towns far away in isolated valleys, the Center has been described as one of the most comprehensive drug abuse prevention programs in the country.

The Training and Development Center was set up as a component of the county school department in 1970. At that time it was called the Drug Education Center and was funded by the California Council on Criminal Justice as the drug abuse prevention component of the county's Comprehensive Drug Abuse Program. From the beginning, the Center avoided the traditional informational approach to drug education that was still in wide use at the time. Instead, the Center recruited creative teachers and counselors to develop new kinds of curriculum materials (see page 22 for a description of one of these) and to provide school districts, community organizations, and parents with training in values clarification, decision-making, communication skills, and other affective education techniques that were just beginning to gain acceptance as drug abuse prevention strategies.

By 1977, the Center had expanded to include several different programs and components: programs in drug and alcohol abuse prevention; school and community mobilization as part of an experimental State-funded alcoholism prevention project relying heavily on the use of media; training and technical assistance for a county-wide youth counseling program; the continuing publication of a newsletter reporting on drug abuse and various kinds of prevention programs; the development of new information and curriculum materials; and training in multicultural education. The Center's staff was kept continually busy, moreover, providing services to a variety of county schools and youth-serving agencies in organization development techniques. The Center's budget in 1977 amounted to over $500,000.

Just as important as the Center's numerous programs was its ability, as the hub of an information and resource-sharing network, to influence youth-service policies in the county. Partly because of the Center's activism, for example, the county board of supervisors voted in the Spring of 1976 to make the developmental needs of young people the top priority for revenue sharing funds.

An important factor in the Center's success has been its continual emphasis on action oriented training and local level decision-making. The Center staff function primarily as facilitators. "We managed a youth conference recently," says Center administrator Orle Jackson, "and we had all kinds of different people working together, planning, and solving problems—police officers, teachers, parents, you name it. That was a milestone for this county, and it's the kind of thing we've been aiming at all along. During the conference, people kept asking our staff what the problems were that they should be dealing with. We said, 'It's up to you to decide.' They have to work harder that way, but then they own the problems and they own the solutions, too."

In Jackson's view, drug abuse prevention is more a philosophy than a particular program or set of strategies. "It's a way of thinking about drug abuse that leads to activities. The activities don't necessarily have to be part of a prevention program. It could be legislation. Maybe a concern of prevention should be passing the Equal Rights Amendment. Full implementation of Title IX is a form of drug abuse prevention. Stereotyping people according to sex roles reduces the options for life-enriching experiences. Part of it is helping recreation departments become more relevant to the needs of kids. There isn't much point in talking about alternatives unless you also talk about changing institutions."

COMMUNITY-BASED MODELS

Except for the relatively few community-based drug abuse programs (see the following section on community-wide models) that have adopted prevention as an objective, most community-based programs have traditionally focused on crisis intervention, counseling, information, and referral. Thus, their role has been primarily to intervene in situations where serious problems have already developed. In recent years, however, many community-based programs, increasingly sensitive to the need for prevention efforts, have augmented their programs to work cooperatively with local schools. One of the most successful devices has been to provide the schools with outreach counselors.

Youth Intervention Program (Y.I.P.)

The Youth Intervention Program in Alameda County, California, is a direct result of a decision by the county board of supervisors, described in the preceding section, to make the county's youth needs the top priority for revenue sharing funds. Nearly $500,000 was appropriated for the program during 1976-77 and most of this was used to pay for outreach counselors, based in community counseling and drug abuse agencies, to work in the schools. In its first year, Y.I.P. funded 35 counselors in ten of the county's school districts through six community-based agencies and reached an estimated 33 percent of the youth in the county who had been identified as needing services.

The program's goals include reducing truancy and dropout rates in the county schools and increasing the grade point averages, the potential for high school graduation, and the levels of self-concept of youth involved in the program. Essential to meeting these goals is the role of the Y.I.P. counselor, a catalyst for change and innovation who is able to operate outside the normal constraints of the traditional school counselor.

The organizational results during the project's first year were predictably mixed. As Y.I.P. project coordinator Karl Klausner put it, "We have one school where the principal insists there's no problem, and he's refused to let the Y.I.P. counselor have an office. In another school, five minutes away from the first one, the administration has been completely open. They've said, 'We're grateful you're here and we'll give you anything you need.'" A warm welcome from the school administration was neither required nor necessary, Klausner points out, although all the schools involved did agree to accept the services of Y.I.P. counselors. "The first two months of the program consisted almost entirely of planning and getting the program established in the schools," Klausner says. "The counselor in the resistant school has had to work harder and be more inventive than the one in the school that welcomed her, so in a way the first counselor used the situation to her advantage."

In some cases, no amount of inventiveness could remedy the situation. Several of the community agencies found, for example, that counselors who were sufficiently trained and qualified to work in community settings had problems adapting to schools. Although the counselors were not required to have counseling credentials, one agency found that only credentialed counselors could gain acceptance among the administration and faculty members in the schools in its service area. Another agency placed a counselor in a summer school administered by a vice principal from a high school that was antagonistic toward the agency. The summer school administrator effectively prevented the counselor from doing his job by insisting that every student provide a permission form signed by his or her parents—despite the fact that the superintendent of the district had waived this requirement for Y.I.P. counselors.

Nevertheless, in many schools the Y.I.P. counselors played a unique and vital role.

Barbara Humphries, a round-faced, youthful woman in her mid-thirties, is a Y.I.P. outreach counselor who works for the Community Counseling and Education Center in Fremont, California, a sprawling suburb midway between San Francisco and San Jose. From eight to three every school day—and sometimes longer—Barbara is "on call" at Thornton Junior High School. Her job is to interact with kids, parents, teachers, and school administrators—and to help them with their problems.

Barbara is the kind of person they need and seek out. She is the kind of person who takes in a troubled teenager as a foster child in addition to raising her own two younger children. She is the kind of person who embraces a seemingly endless task—providing counseling to an entire junior high school—with energy and humor. She is the kind of person kids can trust. But she does not pander to kids' loyalties. Adults can trust her, too.

Barbara is stationed in Thornton Junior High School for the entire school day—five days a week—with only occasional relief for staff meetings at CCEC, a community-based organization that hired her after she had worked as a hotline volunteer for two years.

Barbara's "office" is a counter, which she shares with two other people, in a hallway opposite the coffee machine in the school's administration center. The two other school counselors have private, enclosed offices on the opposite side of the administration complex. There they spend much of the day dealing with discipline problems referred to them by the vice principal. Barbara readily acknowledges that they have less time for actual counseling than she does and that they have even confessed to some envy of her situation. Barbara has attained the luxury of being able to counsel kids without the usual paperwork and administrative trivia that most school counselors must put up with, but she has sacrificed for it. The regular school counselors take home nearly twice as much in pay as she does.

Barbara confesses with a smile that in a way she's grateful for the California drought. It allowed her to spend most of the school year outdoors. She wonders where she might have met kids if it had rained. It's not that the school administration hasn't been cooperative, she hastens to explain. On the contrary, Thornton Junior High has a reputation for being one of the best schools in Fremont and the principal is widely recognized as one of the most open-minded administrators in the district. But the school is terribly overcrowded. Built for 500, it had 1,000 students during the 1976-77 school year.

So Barbara's office is everywhere in the school. She meets kids individually on the lawn or in the numerous courtyards of this typically suburban California school building, with its almost complete absence of enclosed halls. She encounters them during breaks between classes and at lunch. She takes them out of class, if necessary, for private counseling sessions. She also has five counseling groups—four with ten students each and one, a "lunch group," with six. She is provided with classroom space in order to meet the larger groups.

Counseling kids is only part of Barbara's job. She also has counseling sessions with several families, either in their homes or in the school (most prefer the school), after hours. She works with several teachers to introduce values clarification and other affective education techniques in the classroom, providing them with classroom demonstrations, materials, resources, and support. She has even initiated a series of "new games" in the school as part of an effort to reach those students who have trouble with more conventional, competitive athletics. On some occasions she counsels teachers.

At the beginning of one of Barbara's typically unpredictable days, she answers a note from a math teacher by going to his room to see what's on his mind. He tells her that he's "livid" because the principal has apparently bypassed the suggestion, agreed on by the members of the math department, that either he or another department member be considered as the replacement for the outgoing department chairman. The principal said that he would have to advertise the position in order to allow for fair competition; instead, the math teacher says, the position was never advertised and the principal told him yesterday that today is the final deadline for applications. "I took it out on my wife," the math teacher tells Barbara half-jokingly. "Well, I stomped around a lot. I want to know why he did that. I am *mad.* If it's because he doesn't think I'm good enough, or Chuck, the other one we recommended, I want him to be honest about it. If it's something else, I want to know that too."

Barbara listens and nods as he tells her about the various conversations he's had with the principal. She suggests that maybe they haven't communicated well enough about some aspect of the situation. She agrees that the present dilemma could have something to do with intra-faculty disputes over the California collective bargaining law, but she adds that in her experience the principal has never engaged in underhanded, vindictive behavior. Maybe the best thing to do, she says, would be to go to the principal and ask him to explain what happened, but to try to keep cool about it.

Barbara leaves the math teacher's room and drops by her "desk" for a moment to pick up some notes. Students often leave requests to see her in a private box she keeps for this purpose.

There are two notes. One says, "I want to talk with you about my report." The other says, "Call Pat at the office. She returned your call."

Barbara goes to one of the school's supply closets—a tiny, windowless storeroom—where a phone has been installed in order to enable people to make private calls. First she calls the director of CCEC to tell her that she heard this morning that a son of a prominent community leader was arrested yesterday for selling marihuana. She wonders if she ought to call the student's mother, whom she knows well, and volunteer her support. The director agrees to this suggestion. Then Barbara calls the mother. They talk for about fifteen minutes. The mother breaks into tears during the conversation. Barbara listens. "I haven't seen him yet," Barbara says into the phone. "But I do know that he talked with the librarian and he was extremely concerned and frightened." Basically, she commiserates. There is not much anyone can do at this point: the boy is in trouble and is going to learn a painful lesson. "It may have been that those kids are fairly fascinating," Barbara says into the phone. "There are so many reasons why he may have done it."

Outside again in one of the school's courtyards, Barbara spots a girl with disheveled blonde hair approaching. "She's angry with me about something," Barbara says under her breath. "I'm not sure what. She's had a lot of trouble this year."

The girl passes Barbara with a scarcely suppressed glare.

"Where are you going?" Barbara asks.

"The principal," the girl answers, turning around but not stopping. "I got sent. She said I was stoned."

"Are you?"

Instead of answering, the girl makes a dancing, shrug-like gesture, looking as if she might levitate at any moment.

On her way to meet the student who sent the other note, Barbara passes the math teacher on his way back to his classroom. He stops to tell her that he's just seen the principal and everything worked out okay. The principal apologized profusely, having forgotten to follow up on a conversation they had several weeks ago. No slight was intended and the principal phoned the district office to ask that the deadline be extended in order to allow the math teacher and his colleague to apply for the job.

Then Barbara and Laurie, the girl who sent the other note, meet privately for forty-five minutes on the sun-baked lawn in front of the administration building. Their conversation cannot be heard, but the girl makes no attempt to hide her tears.

"She's thirteen," Barbara says afterwards, "but her parents treat her as if she's eight. She *is* small for her age. She was crying because she hadn't finished a report she was supposed to do. She's afraid of her parents' reaction. Her mom has been yelling at her a lot lately. I've been encouraging her to try to help the family communication by pointing out that a communication problem exists. She told me she went home last week and said, 'Mom, you're always yelling at me and I don't know what's wrong.' Her mother said, 'Well, you *should* know.'" Barbara smiles at the irony. "She's made real progress, though. They've started talking to each other."

Barbara Humphries stops walking and looks at a block of two-story apartment buildings across the street from the school. "Fifty percent of the people in Fremont are under the age of 25," she says. "There's no town center, no feeling of community. Fremont is actually a series of towns that incorporated together for political and tax purposes. Those buildings over there are the condominiums. They're owned almost entirely by absentee landlords who rent them out. Instant slums. Many of the families have only one parent. The kids have no supervision. In one of the buildings, there's a gang of teenagers that no one can control—they've taken over the building. The parents are hardly ever home. Those kids are totally out of control. I hate to go there. It's scary."

Although Barbara Humphries is an example of a successful change-agent working comfortably within a school, yet based outside the school system, this approach requires—at the very least—artistry, imagination, and great energy. These are requirements that have led many advocates of youth service and drug abuse prevention to the conclusion that their energies would be more productive if applied completely outside of the public educational system.

As already noted, one of the most useful and easily organized community-based models for youth is the recreational alternatives program. C2ODAC, in Boise, Idaho, is one example (see chapter 2). Programs like these tend to be like the guest at the wedding, however; they are invariably subservient to the dominating role of schools in the lives of their young clients.

Although the alternative schools "movement" of the late 1960s has attracted less publicity in recent years than it did in the past, in many communities independent alternative schools are still recognized as an important way to reach young people and prevent a variety of destructive and self-destructive behaviors that might be either ignored or merely punished in the conventional school setting.

The Group School in Cambridge, Massachusetts, is one example of an independent alternative school that has had an extremely positive effect on high risk youth who might not otherwise have "made it" in the traditional system. Among the school's 75 students, 81 percent come from families that are either on welfare or are classified as low income; 51 percent live in public housing; 43 percent have dropped out of public schools; 57 percent were chronic truants before coming to the Group School; and 57 percent have been arrested and brought into court. The two principal goals of the Group School are to provide its students with: 1) basic academic skills; and 2) pride in themselves and their working-class origins. One of the school's major philosophical premises is that if students work hard enough they can have an opportunity to effect changes in society that will help other young people avoid their own social and economic predicament. The school's rigorous curriculum includes five components:

☐ Academic instruction
☐ Personal counseling
☐ Advocacy assistance, i.e., in legal matters
☐ Career education, including job placement and counseling
☐ Participation in school governance and decision-making

The school has a full-time staff of eleven teachers and an annual budget of approximately $150,000, primarily from State agencies and private foundations.

At the end of five years, the school has had more than 100 graduates, one-third of whom have gone on to college. Most of the rest have found and maintained jobs. Interviewed about his reactions to the school, one father said, "It's the best thing that ever happened to my son." The mother of another student said, "He would go there on his hands and knees if he couldn't walk."

In Chicago, Illinois, the Alternative Schools Network coordinates a system of 48 alternative schools for students in preschool through high school. The schools offer diversified learning programs to meet the needs of over 4,000 young people not being served by the public school system and unable to afford a private education. The majority of the schools are in low-income neighborhoods and are attended by the same kinds of students that the Group School attracts.

Among other projects, the network operates a Truancy Program designed to offer fully accredited educational alternatives to students who have been chronically absent from the public school system. This program, unique to Illinois, is funded by the State Office of Education. Another project coordinated by the network is a videotape program that employs two full-time staff members who train young people to use videotape equipment and make documentaries about their neighborhoods. The network has a library of 75 tapes, some of which have been shown on the local public television station.

Some schools in the network charge minimal tuition, at most $600 a year. Others are supported by grants from local foundations and by the Federal government.

The Alternative Schools Network was an outgrowth of a conference on alternative schools held in Chicago in 1973. Ironically, it originated at a time when many people who flirted with alternative schools as a fad in the late 1960s were beginning to be disenchanted and telling each other that the future of the "movement" looked grim. Clearly, that prophecy needs re-evaluation. During the summer of 1977, the network sponsored a conference on alternative schools that drew more than 2,000 participants, many from as far away as New York and California.

COMMUNITY-WIDE MODELS

Community-wide models for drug abuse prevention and the coordination of youth services are a relatively recent phenomenon. However, they represent an idea that is likely to gain increasing importance in the future. The rationale for a community-wide "Youth Services System" is spelled out in *A Design for Youth Development Policy*, a publication of the Center for Action Research, Inc. in Boulder, Colorado. This report summarizes a three-year study of youth policy conducted as part of a contract with the U.S. Office of Youth Development.

Three main assumptions underlie the report's proposed community-wide youth services system:

1. The Federal government will continue to decentralize decision-making authority to its regional offices and to the States.
2. The trend toward revenue sharing will continue.
3. The drive in government for efficiency, effectiveness, and accountability will increase.

The principal elements in a comprehensive youth services system, according to the report, will be those agencies that currently control most of the funds allocated for youth development in most communities: the courts, the schools, the police department, and the welfare system. Parks and recreation agencies, community health organizations, hospitals, and employment agencies are other possible components of such a system. Some of the organizational models previously described in this chapter would clearly deserve to be included as well. At present, however, most communities lack the kind of coordination the report envisions. They lack, in short, "a single authority to which all agencies are accountable" and, therefore, "no one in the community can command coordination of all agencies." The creation of a youth services system could begin, the report notes, with the creation of formal and informal agreements that would link together a wide variety of community agencies and funding sources.

These formal and informal agreements already exist in many communities across the country. The decision of the Alameda County Board of Supervisors to devote a significant portion of its revenue sharing funds to the Y.I.P. program, for example, represents a major step toward a youth services system. The recommendations that led to that decision were made by an ad hoc planning committee that consisted of representatives from the county school departments, community-based youth service agencies, and the revenue sharing coordinator of the county administrator's office.

In Nevada City, California, the initiative for a similar move came from a community-based youth service agency called Youth Self Help. This organization lobbied intensively for coordination of youth policies and fiscal planning and finally convinced the county board of supervisors to appropriate a significant portion of the 1977-78 revenue sharing budget for this purpose. The Gloucester Experiment, in Gloucester, Massachusetts, is a different kind of model for community-wide coordination and change; this program has created community-wide change on several different programmatic and policy levels.

The initiative for community-wide coordination of youth and drug abuse prevention services can come from virtually any source, individual, or agency that has a legitimate interest in the well-being of young people. Usually it originates with a single individual who begins to build a coalition and a circle of support until several agencies and community leaders have been convinced to take a public stand in favor of the approach. Whether the new program and working relationships these people and agencies support becomes a formal contract or an informal agreement depends on the particular community and the individuals and agencies involved.

The Charlotte Drug Education Center, which serves the 350,000 residents of Charlotte/Mecklenburg County, North Carolina, is an example of a program that reached the status of a community-wide resource on drug abuse prevention from what can only be described as meagre beginnings. The idea for the agency was conceived by Jonnie McLeod, a pediatrician who worked for the county health department in the 1960s and who became interested in drug abuse prevention when she saw that "the physicians didn't know how to cope with the drug problem. Kids were coming into the emergency room at the hospital in an LSD crisis and people didn't know what to do." McLeod and "a group of concerned older young people" initiated their first effort in the spring of 1969. It was a walk-in counseling service located in the basement of the local YMCA building and run entirely by volunteer labor.

One of McLeod's first goals after setting up the counseling center was to establish an organization to attract further funding. "Public relations was one of my main jobs from the beginning," she says. She spent months soliciting support from prominent citizens, including representatives of the city's sizable black community, churches, business organizations, and governmental agencies. "My main focus was letting people know what was going on, what the extent of drug abuse was in the county, and what we were doing," says McLeod. "At first it was entirely through personal contacts. But it had a mushrooming effect. People began to ask us to make presentations. Soon we were putting out a newsletter."

McLeod was disturbed to see, however, that while the volunteers at the counseling center were giving more and more of their time, hard-core drug abusers continued to "drop back," i.e., the recidivism rate was alarmingly high. "It almost has to be a one-to-one commitment for treatment to succeed," she says. "About 96 percent of the funds were going for treatment, but we kept seeing a very high rate of recidivism. I wasn't sure that prevention would work, but I thought, 'Why not try it?'"

In 1971, the Junior League of Charlotte was looking for a major project for its fundraising and volunteer programs. McLeod convinced them to make a commitment of three years and a minimum of $35,000 to start the Charlotte Drug Education Center. Just after the Junior League agreed to this, Charlotte was designated as a pilot city for a large grant from the Department of Justice that included a focus on drug abuse prevention. The newly formed Drug Education Center developed a proposal in partnership with the police department and was awarded more than $200,000. "The purpose of the grant," says McLeod, "was to see what changes we could bring about in a segment of the community. It was a luxury during the two and a half years of the grant not to have to be committed to serve the *whole* community. Even so, that's what I wanted."

Another important step in the development of the Drug Education Center was the formation of, as McLeod puts it, "a *very* prestigious board." At the beginning the board members simply lent their support; now, McLeod points out, they have begun to work actively to coordinate the Drug Education Center with other community agencies.

The actual goals of the Drug Education Center covered a wide range of individual coping skills and organization development. Eventually, the Center had developed several major components:

- ☐ A continuing community-wide study that attempts to identify individuals in "high risk" states;
- ☐ A library containing books, pamphlets, films, and filmstrips on drugs, human relations, counseling, and family concerns;
- ☐ A variety of publications including informational books and curriculum materials; one of these, *Ombudsman*, has been identified as one of the leading guides to school-based human relations techniques in the country;
- ☐ Several groups for parents, including crisis counseling, classes in values clarification, and Parent Effectiveness Training;
- ☐ School programs that emphasize humanistic concepts for the elementary and secondary levels; Teacher Effectiveness Training; a seminar in drug education for teachers; and a course in drug abuse problems and humanistic education techniques for preservice and inservice teachers studying at several different area colleges and universities;
- ☐ Community development programs that include one-to-one counseling and recreational activities for residents of low income neighborhoods; youth advocacy and consultant services within the judicial system; and training programs for groups in business and industry.

Even with a full-time staff of 24, the Center has more requests for services than it can handle. This was not always the case, particularly in regard to the school system. "It took aggressiveness on our part," says McLeod. "It took a lot of having lunch with principals, getting to know the superintendent, making presentations to the school board, and inviting administrators in to observe us in classes. It didn't just happen." McLeod also admits, however, that one reason the Center has had to turn down requests is that in the last two years it has "gone off in so many different directions."

Perhaps most important, the Center has shifted from its original focus on youth to a concern with drug abuse prevention in the total community, including the adult population. One of the latest of the Center's programs is training in communications and organization development strategies for employees in business and industry. The curriculum and number of sessions for workshops varies from one business organization to another, says Bill Webb, the "team coordinator" for this component. One of the major emphases is on stress management. Workshops also deal with communication skills, decision-making, problem-solving, goal-setting, and controversy management. "We will get into other areas if necessary," says Webb. "We're interested in leading the firm into a realization that a group can usually make a decision more effectively than an individual. Our hoped-for outcome is that these groups will form teams and continue to have an impact on their organizations that will change their work situations and make them feel better about their jobs."

The Charlotte Drug Education Center is now under the direction of Stephen Newman, who has worked closely with McLeod for several years. McLeod has moved on to direct an inner city community development program based at the University of North Carolina at Charlotte. The Center has reached a stage of development where it is beginning to have an impact on almost every segment of community life. The agency's leadership has been recognized at the State level, as well. "What's happening in North Carolina is symbolic of what could happen in prevention all over the country," says McLeod, who is chairperson of the North Carolina Drug Commission. "Our State plan for drug abuse prevention has as its top priority the designation of a high level prevention committee to study what other agencies in this State are doing in prevention. We contend that there needs to be a prevention component in almost every agency that deals with a symptom. We envision a coordinating agency for prevention statewide that might include mental health, youth services, drugs, and many other areas. It hasn't come about yet, but I think it probably will."

MINORITY GROUP MODELS

Almost any statement or generalization made about drug abuse prevention and organizational models in the preceding pages must be qualified or viewed through a different perspective in order to have meaning for minority communities. Many strategies that are widely accepted in majority cultures, for example, may be offensive or bewildering to members of minority groups. The very meaning of drug abuse prevention and some of the basic assumptions spelled out in chapter 1 of this book need to be reconsidered when applied to minority groups.

> **The Problem**
>
> It is within the urban milieu that the West Dallas Community Centers seeks to operate. In analyzing the ghetto and the barrio, the colonial model is particularly helpful. The colonized community is bounded and closed off by some identifiable walls—railroad tracks, expressways, rivers. It is a community inhabited by a group of color. Unemployment among youth and males and welfare rolls are disproportionately high. In the colonized community every state of affairs is at the expense of another state of affairs. Food is bought at the expense of shoes; clothes are bought at the expense of rent. Theft is at the expense of those who have. Youth caught up in the inimical forces of the urban colony are each day made systematic victims of the youth institutions such as the school and the juvenile system.

The above quotation is taken from a program description of the West Dallas Community Centers Drug Education and Prevention Program in Dallas, Texas. Now in its second year, the program was recently identified by the Texas Department of Community Affairs, its sponsor, as the leading drug abuse prevention program in Texas. The Drug Education and Prevention Program is housed in the five community centers operated by a community organization—West Dallas Community Centers, Inc. (WDCC)—that has functioned in the sprawling brick projects (the 'Jets') and modest single-family homes of West Dallas for more than 40 years. Four of the centers, those in the projects, are predominantly black; the fifth center, located in the barrio, is predominantly Mexican-American. Although there is a high degree of cooperation and unanimity between these two traditionally rivaling groups on the multi-racial staff of the WDCC, the housing projects and the barrio are segregated with a nearly mathematical precision.

The key to the success of the WDCC Drug Education and Prevention Program has been a relatively straightforward and simple concept: urban youth teams. The primary goal of each urban youth team is to develop leadership, an ability to set goals and objectives (i.e., to plan), and skills in organizing projects that make a contribution to the community. Each urban youth team—the WDCC prevention program might have a dozen teams, each with five to twelve youths, in operation at any time during the school year—is set up to plan and complete a specific project. When the project is completed, the team disbands or undertakes a new project. Whenever possible, the participants are paid for their work.

WDCC urban youth teams worked on a wide variety of projects in the 1976-77 school year. One team learned carpentry and helped to refurbish an office building. Another learned silk-screening and operated its own business selling custom-designed T-shirts. WDCC urban youth teams have published a newspaper, written and produced videotapes, and planned weekend trips.

In any other context, these activities might sound like merely amusing and interesting alternatives projects—but not in the context of West Dallas and the Drug Education and Prevention Program. "The whole foundation of the program is to give the kids hope," says program director Leonard Long. "It's hard to *see* hope, though. We try to make it concrete. That's why we say that the teams should be paid for their work. I haven't seen anything that ignites a black or brown youngster better than a job. You talk about a job and you get their attention. We say, 'A lot of you aren't going to graduate or go to college. You have to look at some alternatives to make some money.' In the barrio or the ghetto, a kid takes his check home and the first thing he says is, 'Mama, what you need?' Our overall goal is to introduce change. That's what drug abuse prevention has to be in the barrio and the ghetto. A transformation has to take place within the youth. Once they can assist in introducing change, they're going to make it. I've seen it happen. I've seen kids who couldn't talk conventional language and couldn't see the point of anything in school undergo a total transformation process. It starts here in the centers. When they tell us they don't know anything, we say, 'Man, you can't live in West Dallas for 16 years and not learn something. Just being able to rap on a street corner in the ghetto is a survival skill.' But they don't think of it that way, because their teachers put them down for the way they talk."

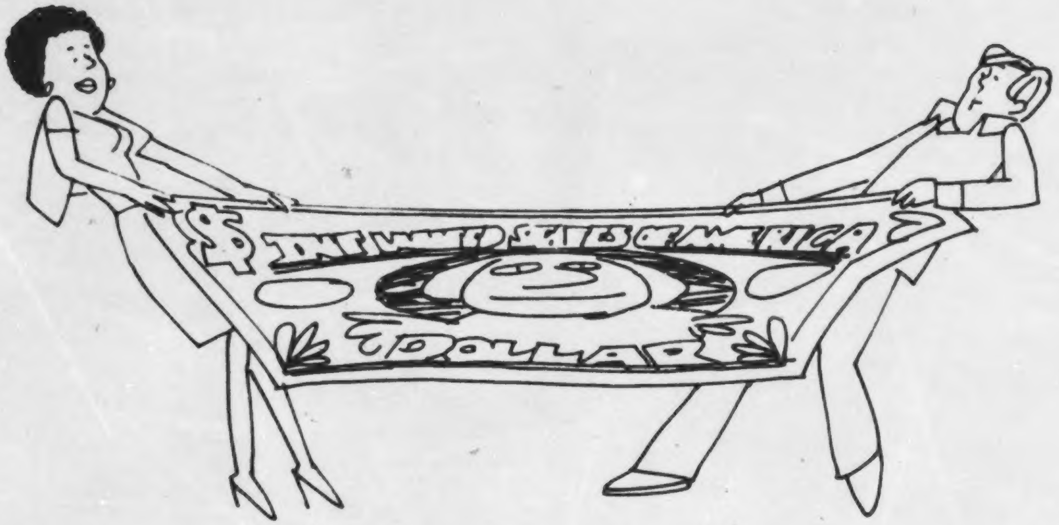
An urban youth team, therefore, functions within a deliberately conceived political and socioeconomic framework. Although this may never be precisely verbalized, it is omnipresent. A project is not just a project; it is an exercise in individual and community improvement. Self-esteem, in this context, is more than a personal matter—it is a political affirmation.

One of Long's favorite stories about an urban youth team concerns a group of black teenagers who were bused from West Dallas to a predominately white high school as part of the city's desegregation plan. "After a while they started telling us that they felt really out of it," says Long. "They said things like, 'We can't identify with the rodeo club or the scuba diving club.' And we said, 'Well, find something to identify with.' A group of our kids initiated a meeting with the school administrators. For some reason that was never explained to us, the administrators couldn't get to the meeting. We let the papers know about it and when we asked them to come to the next meeting there were a hundred and seventy people there from the community." As a result, the group of West Dallas teenagers planned a black oriented youth pride day in the school's auditorium.

"Drug abuse prevention in the black and brown community," says Leonard Long, "is assisting those youth to develop mechanisms that will make them immune to self-destruction. Self-destruction could be anything from being a junkie to stealing hubcaps." Javier Laredo, a member of a journalism urban youth team, summed up the purpose somewhat more poetically:

SURVIVAL

> A place. A place where you can lose your life, your plan, your future. Apartments where the poor and the rich and troublemakers from both sides live. These are the Jets.
>
> To some, the Jets is the only place they can remember. An isolated colony—a city within a city—a nation within a nation. There have been those who move away, but after a few months or a year they are back. The Jets is the only place they have been programmed to afford. There are those who never leave, to them there is no horizon. Then there are those who leave and survive but so few extend a hand back, lifting those left behind.
>
> The "Jets" can serve to lead to success and freedom and also to failure and deprivation. Although it may seem to outsiders that the Jets is a community where nothing ever happens, it is here that our Roots began. From here comes forth lawyers, doctors, bums, engineers, alcoholics, dope addicts, and sometimes even concerned social workers.
>
> In its last report, the National Council of Human Development states 83 percent of American families are satisfied with the community in which they live. If the Jets was included in this survey, then perhaps it fell in the 17 percent area. Nevertheless, the Jets is where me and my friends live and we'll survive and change it ourselves.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CHAPTER 4

PRINCIPLES OF PROGRAM ORGANIZATION

One of the most common tendencies of people who decide to undertake an effort as complex and time-consuming as setting up a drug abuse prevention program is to ask, How do I do it? In this chapter some principles of program organization are offered as a guide, but they are intended primarily as points of reference rather than hard rules. They will not tell anyone *exactly* "how to do it." Selected references in the resource section will offer the interested reader further details and an opportunity to follow up on the basic principles outlined here.

There is, in fact, no precise method for setting up a drug abuse prevention program and thus no recipe or series of steps that, if followed to the letter, would produce a failsafe product. Every program assessed in the research for this book had unique qualities that were just as important as the steps the program organizers took to get it established or the particular drug abuse prevention strategies they selected.

The word "unique" deserves attention. Every drug abuse prevention program is unique because:

- ☐ The people involved in it are unique.
- ☐ The community or school in which it is located is unique.
- ☐ Since these first two factors are unique, every other aspect of the program will also be unique.

The purpose of this chapter, then, is to inform the reader of a variety of factors that should be considered in organizing and implementing a drug abuse prevention program. Some of these factors are based on the need for an intelligent appraisal of the program's ability to survive in a competitive world (getting it funded, for example). Others frankly recognize the need to satisfy the expectations of individuals, agencies, and bureaucracies that may not necessarily be as enthusiastic or "plugged in" to the program as are the individuals who are trying to launch it or keep it alive (evaluating the program systematically, for example, and presenting the evaluation in a convincing way). In many instances, these factors are based on documented examples encountered in the research for this book.

Far more important than any single principle of program organization, or even all of them together, is the question of who will use these principles. In short, who organizes drug abuse prevention programs? The answer is simple: almost anyone with an awareness of the problem and a willingness to work.

Perhaps somewhere in this book the reader will recognize people who occupy positions similar to his or hers—teachers, trainers, counselors, parents, businessmen—who became convinced of the value of prevention and decided to make a commitment to it. Perhaps some of the readers of this book will be moved to join their ranks. There is still plenty of room for them, since prevention is a comparatively new field and the opportunities are numerous.

Assessing Needs

"Needs assessment" is an imposing phrase that conjures up images of hardware, software, elaborate surveys, statistical analyses, and other technological wonders. In fact, a needs assessment is nothing more complicated than finding out exactly what problems exist in one's school or community in order to decide on programs and strategies that might help to solve them.

Two of the programs discussed in the preceding chapters—C$_2$ODAC in Boise, Idaho, and the Charlotte Drug Education Center—conducted extensive surveys not only of drug use, but also of behaviors and attitudes related to drug use before they began to implement other programmatic activities. Although surveys of this kind may be necessary in communities or school districts where people in leadership positions have trouble accepting the fact that a problem exists, they take considerable time and energy.

In many communities, documentation of the extent and nature of drug use may already be available. Community records and statistical resources should be explored thoroughly. Correlates of drug use such as crime statistics, truancy rates, and vandalism statistics can also be helpful. These may be available from schools, the police department, and other community agencies.

Assessing needs is a way of getting to know one's community and its problems. This can be vitally important when program initiators finally begin to seek funding and political support from people in community leadership positions who may demand evidence that a problem exists.

Conducting a needs assessment is also a way of rallying support for a proposed program. Project INFO director Lin Woodard spent two years canvassing her community as part of what she calls a "political needs assessment." Woodard's main objective was to sample the opinions of various segments of the community whose support would be needed for a drug abuse prevention program. Woodard systematically interviewed people in the school district, churches, the juvenile justice system, community health care organizations, businesses, and many other community institutions. In the process she garnered increasing support for the idea that some form of drug abuse prevention should be attempted. Finally, she was able to get the commitment of people she had interviewed in the form of memberships on the board of directors of the newly formed Project INFO. "I guess I made 400 presentations in two years," says Woodard. "One of the things I asked everyone was who they thought would be important people to have involved in the organization. Then, when I asked those people to participate, it would have been very hard for them to turn me down."

Although rigorous and time consuming, a political needs assessment can be conducted by volunteers, Woodard points out, and it can also be part of the job of an agency employee. "It's just a way of looking at the community," says Woodard, "that's going to elicit community action and community input."

Another advantage of conducting a thorough needs assessment is that program initiators will have an opportunity to test strategies before actually implementing them. In some communities, for example, affective education techniques may create substantial opposition. The careful program initiator may be able to use the needs assessment as a way of explaining the strategy to people who have only heard rumors about it and who might support it if they understood it. The program initiator may also discover, while doing a needs assessment, that the strategies he or she is proposing are already being implemented in some other school or community setting. This could lead either to a partnership, which would strengthen both programs, or a decision to implement a different strategy.

Starting Out

The most important rule for initiating a new drug abuse prevention program is to start small and build it slowly. This rule applies to seasoned program administrators as well as inexperienced volunteers.

Frequently an agency staff member may be tempted to seek out a sizable grant or to promise an ambitious program in order to expand the agency, but the pot of gold at the end of the proposal can weigh heavily on the program. Almost invariably, if the agency actually wins the grant, this will require the hiring of several new staff members in rapid succession, the delivery of greatly expanded services, and consequent administrative confusion that may be impossible to avoid, yet debilitating to the agency. A training center that specialized in drug abuse prevention strategies, for example, was suddenly awarded a contract for nearly $500,000. The center had only a few weeks to relocate its facilities and in the rush was forced to rent a building that detracted from its training activities significantly. Within a year all the top administrators had been fired and several other staff members had either resigned or been asked to leave as well. Commented one staff member: "It was growing pains."

The staff of this agency had considerable experience and knowledge in their field. People who are new to the field, however, have even less reason to try delivering an overly ambitious program. Many of the strategies described in chapter 2 are difficult to implement successfully without extensive training and experience. Therefore, program initiators should carefully study the strategies they wish to use before they begin.

Instead of trying to implement a school-wide affective education program, for example, a teacher interested in this strategy might begin simply by trying values clarification exercises in his or her classroom, then invite other teachers or administrators to visit the room to observe these techniques, and eventually develop a support group for further implementation of the strategy. Small successes, carefully planned, will lead to larger ones.

Being Clear

Program initiators who want to convince people in their schools or communities that the idea of drug abuse prevention and/or particular prevention strategies deserve support should do all their homework before making presentations that may influence potential program supporters. Many people will not understand the purposes and methods of drug abuse prevention and will need clear, succinct explanations. Others may challenge proposed prevention efforts with skeptical arguments about whether or not they "work." The program initiator is the one who will have to respond, and he/she should be able to do so not only with confidence, but with solid, factual information. He/she should be prepared to cite reliable evaluations of prevention programs, and, if possible, he/she should have visited one or more prevention programs that are actually using the proposed strategy. Reports of first hand observation will be far more convincing to uninformed or skeptical listeners than references to the prevention literature.

Training

Many of the strategies described in chapter 2 will require systematic training of all participants and should not be attempted without it. Fortunately, there are several training centers throughout the country that specialize in affective education, group process, communication skills, problem-solving, and similar techniques. In addition to these training centers, independent consultants are widely available. In rural communities the cost of a top-rated consultant for several days of onsite training may compare favorably with the expense of transporting a large group to a training center.

It is worth noting that some of the most important and valuable skills that are needed in drug abuse prevention programs are not ordinarily included in conventional training experiences. Primarily, these are skills in community leadership and organization. Although they rely to a great extent on intuition, an awareness of community organizing tactics and strategies can be helpful to program initiators.

Leadership

The need for dynamic leadership has been a perennial paradox of the drug abuse prevention field. On the one hand, strong leadership is usually a requirement for prevention programs to reach even the most preliminary stages of operation. As programs grow, however, a charismatic leader may stifle the growth of his/her staff. As one program leader put it, "Now that the program is doing so well, I need to find out if it's because it's a good program or if it's because of me."

Ultimately this paradox becomes the problem not just of the leader, but of the staff and the program as well. One program director, realizing that her management style was overly authoritarian, resolved the problem by attending a summer workshop in program management and, as a result, made a conscious effort to change. "If I hadn't had the training," she said, "I don't think the program would have made it. Now I use a consultative management system. I'm not authoritarian any more and I'll always listen."

Another program was less fortunate. The director, a compelling and charismatic leader, spent two years establishing the program as a successful prevention model, primarily by encouraging his staff to take initiative, be creative, and gain the support of a constituency in the community. A staff member who was second in command began to challenge some of the director's policies and finally became so provocative that the director fired him. Immediately the fired staff member rallied a group of community supporters to challenge his dismissal. After several months of agonized turmoil during which the agency came to a virtual standstill, the fired staff member was rehired and the charismatic director, in turn, lost his job—fired by a dissatisfied board of directors.

Staffing

A phrase that is often used to discribe the effect of working in drug abuse prevention programs is "burn out." It describes the result of the intensity of human interaction that prevention programs require of their staff members and the constant need to be caring, other-directed, and intellectually alert. Because of this factor, prevention programs often have high rates of staff turnover. In addition, staff members of community-based youth service agencies usually receive low pay and the more talented ones move to better jobs as quickly as they can. "This field is a people eater," says Mary Beth Collins, former administrator of the Substance Abuse Program for the State of Michigan.

The opposite side of the coin, according to Collins, is that many people are attracted to prevention by "the ability prevention has to generate enthusiasm in people without having a dollar sign in front of them. The prevention movement could never have happened without all the volunteer energy that's gone into it. Alternative Pursuits for America's Third Century [a conference sponsored by the National Institute on Drug Abuse in 1974 that launched community alternatives programs throughout the country] was based almost entirely on the efforts of volunteers. These volunteers have generated tremendous interest in the field and they've enlisted the support of groups like the Junior League, Rotary, and Kiwanis. They want to turn people on to life instead of drugs and they're willing to do it without needing a $20,000-a-year job."

The basic question about staffing for prevention programs, according to Youth Intervention Program coordinator Karl Klausner, is not so much how long staff members can be depended upon, but what really is the job of a prevention worker. Many prevention workers come from the ranks of counselors, Klausner says, "But a counselor can impact only a relatively few people every year. It takes a counselor a long time to establish credibility and gain acceptance, and as soon as they do that they can't handle the demand for their services." Klausner sees an increasing emphasis on the prevention worker's role as a resource broker who will be able to connect people with available services rather than provide those services directly. "The prevention worker has to be somebody who can become familiar with the resources in the community," Klausner says, "in order to refer people to those services. He or she has to be acquainted with public agencies, community-based programs, service clubs, church groups—anything that will help to build a network of resources. The prevention worker has to be both a counselor and a manager, but not necessarily a trained or credentialed professional. It could be a parent. These are generic and trainable skills, and more and more this is what the prevention worker's role will have to be. There are agencies in most communities that aren't being utilized to the fullest. One of the prevention worker's jobs is to see that they are utilized."

Funding

Funding for drug abuse prevention programs has never been anything but problematical. Parts of the funding picture brighten or dim from one year to another, but the general pattern of insufficient funds to meet the demand has been consistent for the last decade.

The schools are particularly hard-pressed. As school budgets have been increasingly squeezed by declining enrollments and growing inflation, anything that might be classified as a "frill" began to be eliminated years ago. Fortunately, most school-based strategies can be implemented at minimal cost. Program initiators interested in securing funding for such items as training and materials should investigate their school district budgets and possible discretionary funds. Frequently, they may be able to use funds from particular line items, i.e., for materials or training. Since training and materials for one component of an affective education program could cost as little as $500, program initiators who lobby effectively and build a support group within their schools should be able to obtain these relatively small amounts of money. Some strategies such as cross-age tutoring can be implemented at no cost.

Community-based agency funding is a different "game" altogether. In most communities, it is extremely competitive. One of the principal axioms of seeking funds for a community-based agency, particularly one that is small and unknown, is not to go beyond the local level. Local foundations, the United Fund, civic clubs, local businesses, even local divisions of major businesses, are possible funding sources. It is always desirable for community-based agencies to acquire nonprofit State and Federal tax exempt status, of course, since many potential donors will give more willingly if they know they can write off their contribution.

In recent years, several promising new sources of Federal funding for community-based youth-serving agencies have brightened the horizon. These include:

☐ The Law Enforcement Assistance Administration (LEAA), which has funded extensive programs in juvenile delinquency prevention.

☐ The Comprehensive Employment and Training Act (CETA). Several different titles of this $1.3 billion piece of legislation have the potential to benefit community-based youth-serving agencies, including jobs for agency staff members and for youth.

☐ The 1977 Youth Employment and Demonstration Projects Act. This legislation, recently signed into law, allocates approximately $1 billion for youth employment in several different experimental programs that include a youth community conservation corps, a young adult conservation corps to maintain parks and recreation areas, and pilot projects for youth employment training.

☐ Revenue sharing. Although political pressures are strong in most communities to spend revenue sharing funds on public works projects and other capital expenditures, the success of a few community-based agencies indicates that concentrated community-wide coordination can free up some of this money for youth service and drug abuse prevention activities.

Program initiators should be wary of any great rejoicing about the current availability of funds for youth services. At best, these funds have merely increased the ante in the annual competition for funding that plagues most community-based drug abuse prevention programs and consumes almost as much time and energy as the services these programs deliver to their clients.

Evaluation

"Evaluation is the only way that a program can assure itself of continued funding," says one advocate of drug abuse prevention who is currently the coordinator of a county-wide prevention program. "Programs have to produce information for their funding agencies so that those agencies can make decisions. What our program has done is probably more than what most programs in the country have done in evaluation and I'm still embarrassed that it's not enough."

Evaluation is not only extremely important to the well being of prevention programs; but because it is so important, it also has become awesomely intimidating and difficult for most people who are not trained evaluators to understand.

As one long-time drug abuse prevention worker points out, "Drug abuse program evaluation is still a very young field. People are still defining terms." Naturally, this complicates present efforts, which are usually under great pressure to deliver systematic and comprehensive documentation of a program's impact.

Many helpful books and articles have been written for the non-evaluator (see resource section). Although program initiators and managers do not need to become professional evaluators in order to produce reliable program information, they should at least have a clear understanding of what the professionals do.

Currently the Prevention Branch of the Division of Resource Development, National Institute on Drug Abuse, is attempting to provide evaluators of drug abuse prevention programs with a national model for prevention program evaluation. According to the guidelines presently being considered for testing in a major evaluation demonstration project, the following three levels of evaluation characterize the NIDA model:

☐ *Process evaluation* assesses the operation of a prevention program and includes such factors as a description of the services delivered, the program's utilization of resources, and the qualification and experience of the program staff.

☐ *Outcome evaluation* determines whether the program's objectives were actually attained. This might be indicated by changes in the drug-related attitudes, knowledge, or behavior of the program participants.

☐ *Impact evaluation* assesses a variety of indicators relating to drug abuse throughout the community, in contrast to the other two levels of the model, which are directed at the program itself. Impact evaluation measures the aggregate or cumulative effects of drug abuse prevention programs operating within the totality of the community.

At the individual participant level, the NIDA model is exploring the potential of such indicators as the attitudes of participants toward drug use; their perceptions of themselves, their families, and their community; their levels of drug use or abuse; or changes in drug-related antisocial behaviors. At the community level, the NIDA model may focus on such factors as the prevalence and incidence of drug use and abuse; changes in lifestyle (for example, changes in diet, alcohol use, or exercise); delinquency rates; emergency room reports of drug overdoses or drug-related deaths; levels of drug-related morbidity; youth and parent involvement in community activities; and institutional changes designed to improve youth services.

The Prevention Branch is supporting two evaluation research efforts aimed at further developing the NIDA Prevention Evaluation Research Model. The first is the design of a prevention evaluation resource network that will address the prevention evaluation needs of State and local drug abuse programs. The second involves the development of a prevention evaluation research monograph appropriate to each of the three levels of the model (process, outcome, and impact evaluation).

While the NIDA model is being refined, most program initiators and directors will have to rely, as they always have, on a combination of evaluation professionals whom they can trust and their own ability to develop reliable and factual program information.

The actual presentation of program information and evaluation data is a critical element in the success of a program's evaluation strategy. Since most government officials and legislators rarely have the time to read an entire evaluation report, they should be provided with a clear summary of the main findings. Moreover, whatever form it takes, the report should include a brief, factual description. Frequently, evaluation reports make the incorrect assumption that the reader is already well acquainted with every aspect of the program. The report should also clearly explain its methodology and premises, so that the reader will know exactly how the evaluation was performed. Clear, concise, accurate program information can speak volumes to the people who make the decisions about whether programs are worth supporting.

Public Relations

Public relations for drug abuse prevention programs is another way of describing all of the program's public communications with its constituency. It begins with the first steps of organizing the program: getting the word out that the program exists, or is about to exist; explaining what the program does and why it does it; and making sure that people who are important to the success of the program get this information.

Program initiators will need to start with people they know well and trust. In a school, for example, this might be a few other teachers meeting together for a half-hour after school one day, or over coffee during a free period. In a community setting, it might be a friend of a program initiator who is a member of a club or a civic organization.

Later on, the nature of the program's public relations efforts will depend on whom the program is trying to reach. Even a small program will have several different audiences or constitutencies. These might include:

- ☐ Audiences the program is trying to attract as clients.
- ☐ Audiences that may provide the program with financial and political support.
- ☐ Audiences in similar programs and agencies that may benefit from knowing about the program or be able to share resources and information.
- ☐ General audiences.

Different ways of communicating will be required for these different audiences. For example, a community-based program might use a simple, inexpensive brochure to communicate with potential clients. Especially if the program is oriented toward youth, an effort should be made to communicate with young people in places where they normally go—recreation centers, school bulletin boards, even local "hangouts." Flyers and pamphlets can be produced for distribution in these settings at little cost.

A brochure explaining the program's rationale, methods, services, and history can be very helpful with more sophisticated audiences such as human service or government agencies. The program may also want to make copies of annual reports, evaluation reports, and other program data available.

The temptation to alert the media, particularly newspapers and television stations, to each new step the program takes along its way to great success should be resisted. Careful handling of the media can pay off, however, in publicity that creates a sense of mass support and a political base for the program. It is useful, therefore, no matter what the size of the community, to cultivate contacts with reporters, news directors, and others in the media who have demonstrated some real interest in the fields of drug abuse, youth development, education, and similar areas of social service. But the interest of these people should be attracted in a low-key manner. They should be informed when the program begins and they should be kept abreast through news releases of important developments. If and when a real news story breaks in connection with the program, they will be more likely to give the story coverage than if they had never heard of the program before.

Coalitions

"Coalitions" and "networks" have become buzz words of the drug abuse prevention field in the 1970s, and for good reasons. People in the field are keenly aware that if drug abuse prevention is to become a lasting commitment of social policy, they will have to work long and hard together to convince legislators, policy makers, and the general public that this is necessary.

Professional associations such as the National Association of Prevention Professionals or the International Association of Prevention Programs, both launched in 1976, are an indication of the growing strength of the prevention field and the commitment within the field to sharing information and resources. The NIDA-funded PYRAMID Project, which offers a variety of services to prevention programs throughout the country, is another.

Because funds for prevention programs are usually difficult to come by, agencies within communities frequently must compete for grants, contracts, and political favor. This can lead to resentment and jealousy, particularly toward very successful agencies or programs that attract the largest amounts of funding. Coalitions and networks have evolved despite this pervasive element of competition.

At the community level, one form of network is an outgrowth of what a National Association of Social Workers publication describes as "natural helping networks." The main premise of the book *Natural Helping Networks* (see resource section) is that most communities have a built-in system of communications and helping individuals—among families, neighbors, store owners, and others—who readily volunteer their energies, help, and caring when people they know are in trouble. Part of a natural helping network, for example, might be a small grocery store in a neighborhood where much of the neighborhood gossip is shared. According to the authors of *Natural Helping Networks,* this kind of network can occur even in large cities, which are often considered impersonal and uncaring environments. For drug abuse prevention programs, linking up with these natural networks can be a useful resource for finding clients and making contact with troubled families. Locating and dealing with a natural helping network requires a low-key tactful approach. Because these networks are not organized, they may resist the best-intentioned efforts of outsiders.

On the larger community level, networks similar to natural helping networks have often been organized to link up various youth-serving agencies that might have an interest in, or an impact on, drug abuse prevention. This has been the essential purpose of programs like Youth Self Help, the Charlotte Drug Education Center, the Alameda County Training and Development Center, and the Gloucester Experiment, to name a few that have been prominently mentioned in this book. Similar networks exist even at the State and regional level. For example, a group of drug abuse prevention coordinators, training centers, and mental health professionals have formed an informal organization called the Northwest Regional Drug Abuse Prevention Task Force. This group, which includes representatives from agencies and programs in Alaska, California, Idaho, Montana, Wyoming, and Washington, meets regularly to design and articulate mutual concerns and goals.

Dealing with the Schools

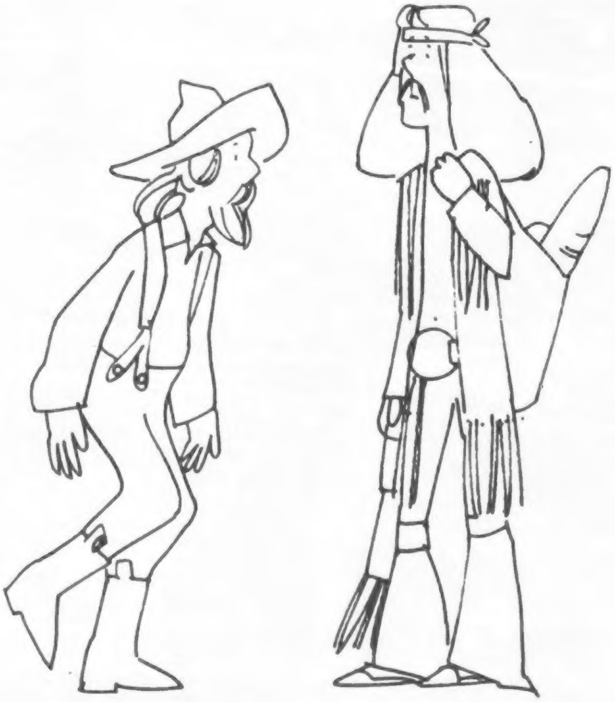
At one time, primarily in the 1960s, drug abuse prevention, in the form of drug abuse education, was almost exclusively the province of the schools. Many States and school districts require drug abuse education by policy or law. In recent years, however, there has been an increasing emphasis on community-based alternatives programs and on youth employment as a means of preventing drug abuse.

While these latter trends are healthy, they reflect a certain disillusionment with school-based drug abuse education that has spread through the ranks of prevention professionals and others concerned with the well-being of young people. These youth advocates see the schools as being too slow to respond to social problems and too cumbersome to be able to deal with them effectively. Although there has been cause for disillusionment, most young people in America attend school for at least twelve years of their lives and the majority stay in school considerably longer than that. While schools may not be the most flexible or comfortable places in which to deal with problems like drug abuse, they are nevertheless extremely important.

The problems with changing schools, and of introducing innovations like the forms of drug abuse prevention described in chapter 2 into the educational system, are not substantially different than they were ten years ago. Unfortunately, those who wish to change schools still tend to be divided between two extreme positions: on the one hand are those who are so discouraged with the schools that they believe schools can do nothing right—included in this group would be those people who have turned away from public schools and formed their own alternative schools; on the other hand are those who have given up any hope for real change in the educational system and who cynically tolerate vapid, piecemeal "innovations" that have no lasting effect.

The education system urgently needs sympathetic reform-oriented individuals who have the tenacity and conviction to work for change in schools despite the exhausting nature of the task. Often these people will not be based within the schools—they may come from an outside training agency. They may also be creative, energetic teachers within the school who are genuinely interested in doing things differently and trying new kinds of programs and activities. Wherever possible, these two groups should cooperate with each other toward the mutual goal of constructive change. But these groups are in the minority.

One of the main goals of dealing with the schools, whether from within or without, must be to reach the majority of the teachers and administrators. This means working slowly and patiently with principals, vice principals, department heads, and classroom teachers. It means not criticizing these people for not doing an adequate job—they already receive more criticism than they can comfortably absorb. It means understanding their needs and concerns, not just trying to browbeat them into adopting a particular new approach or strategy. It is probably the most difficult mission of the drug abuse prevention field—the part, above all, that will take the most time and hard work.



CHAPTER 5

Three Program Profiles

The three programs profiled in this chapter share several common qualities that make brief histories of them an appropriate conclusion to a book about the state of the art of drug abuse prevention today. Not only do the stories of these programs say a great deal about where the field has been and how it has evolved to its present state; they also have important implications about the future of drug abuse prevention. Each program has attempted to encompass a broad spectrum of youth and community needs. Each has attempted to build for the future by creating a political and funding base within its community. Finally, and perhaps most important, each has had a clear sense of institutional change as one of the basic missions of drug abuse prevention. And each has been outstandingly successful in accomplishing its basic goals.

Since each of the three programs has already been described in varying degrees earlier in this book, certain details about these programs will not be repeated here. The reader may find further information about the three programs in the Introduction and in chapters 2 and 3.

THE GLOUCESTER EXPERIMENT
GLOUCESTER, MASSACHUSETTS

In the summer of 1976, a group of top-level executives from the Prudential Insurance Company, one of the largest corporations in the United States, visited Gloucester, Massachusetts, to have a look at the restored Bay View burial ground and the education resource center, a handsome structure built on a plot of land adjacent to it. Both are products of a group of adults and young people working together under the aegis of the Gloucester Experiment. Several meetings between the Gloucester Experiment staff, notably program director Al Duca, and Prudential executives preceded this visit. Duca had created a huge sculpture that adorned Prudential's Boston headquarters and had been friendly with the firm's director of public relations and other executives over a period of years. These friendships were nurtured by Prudential's growing sense of social responsibility under board chairman Donald S. MacNaughton. "Prudential, under MacNaughton's leadership, has recently defined its enterprise as being socio-economic," says Rod McDonald, Prudential's director of public relations. "Today we are very much aware that social concerns are equal in importance to the bottom line, and we've searched out social needs to address that can't be adequately met by the government and other service agencies."

The purpose of the visit was to pursue an idea that Duca had been advocating ever since the first evaluations of the Gloucester Experiment indicated that the program was having great success in functioning as an alternative to destructive behavior among its participants. With clear evidence that the Gloucester Experiment could achieve its basic goals, Duca wanted to try replicating the experiment on a regional and national basis. He was not willing to rely on the usual methods of program dissemination, however—what he called "passive dissemination": the distribution of publications, videotapes, and other program materials that have become a conventional mechanism used by most well-established programs to spread the word about what they do. Instead, Duca wanted to try a method that he called "active dissemination," relying on the involvement of committed individuals who would act as catalysts and representatives of the program in their communities. Since Prudential had a staff of 5,000 sales representatives in the New England region alone, Duca figured that they might constitute a ready-made team of disseminators for an idea like the Gloucester Experiment. "Sales people for an insurance company have to be optimistic," says Duca. "Also, they have to have management and organizational skills. And they have to know the communities they work in. Every community has people who want to offer some kind of public service, but often these people are not working on any particular project. Putting the salespeople—the paid service employees—back to back with community volunteers ought to be able to work anywhere. It worked in Gloucester."

The group who visited Gloucester that summer day in 1976 included the chairman of the board of Prudential and 30 executives. They came by boat and spent the day walking through the burial ground, examining the resource center, learning about the background of the project that led to the transformation of this small segment of the community, and asking questions. Finally, Duca recalls, they sat down in the burial ground and asked "What can we do for you?" Duca made a brief speech in which he explained that his group was not asking for money; the main contribution they needed was time and energy—in short, Prudential's help in the active dissemination of the Gloucester Experiment idea. The chairman of the board turned to a senior vice president and asked for his opinion. "It's my intuitive sense," replied the senior vice president, "that this a good way to go."

The partnership was consummated when the National Institute on Drug Abuse funded the Gloucester Experiment, in the winter of 1977, to coordinate a pilot project in Prudential's New England region. Called *Channel One,* this pilot project aims at providing ten Prudential district managers with training and technical assistance in setting up prevention programs based on the concept of the Gloucester Experiment in ten communities throughout the New England region. Channel One is still in early stages of its development, but already programs are under way in several of its pilot communities.

The Prudential executives came to Gloucester to examine *products* in order to gain a sense of confidence in what has always been, according to Duca, basically a *concept* and a *process*. Seeing the products, at any rate, gave them new confidence in the process. "It was an important symbolic occasion," says Duca.

The process could have led to almost any product at all and it would have made little difference to Duca. During the seven-month period that Duca calls "the search," January through August of 1972, Duca and a group of about 15 friends and colleagues scoured the community for projects and support for their idea. Essentially, what they wanted to do was offer educational and work alternatives for the community's youth. "We examined the role of vocational training in the New England states," says Duca, "and the needs of students in general. In schools, vocational training has historically been for 'pushouts,' but *all* students need some kind of hands-on vocational experience." Duca and his group considered several different community projects before they finally decided on the restoration of the Bay View burial ground. At first they concentrated mainly on historic buildings. They discovered, however, that money for building restoration would be difficult to obtain and after several months they turned their attention to burial grounds. All the projects they explored had two qualities in common: high visibility (i.e., locations in heavily trafficked, public places) and historical significance—an important factor in view of the coming Bicentennial.

When Duca and the others in his group finally decided on the Bay View burial ground restoration as a project, they still went very slowly, continuing to build political support for the idea throughout the community. "We also began to realize the rich diversity of work experiences inherent in something as anonymous and benign as a burial ground," Duca says. "We spent nearly a year watching and waiting and studying to see what kinds of options the burial ground could offer. A major objective of our concept was to recognize that it's wasteful to train people in the isolated specialized skills that vocational schools were offering, when the requirements of modern society are for diversified skills. People come out of our educational system as specialists; then they have trouble adapting. A person who is capable—who has had diverse work experience—will be much better able to adapt. Many of the jobs that people will have in the next ten years haven't been created yet. We wanted to create a vehicle for employing kids that would lead to meaningful work relevant to developing themselves and their careers."

The success of the idea is dramatically represented by the restored burial ground and the educational resource center. In working on these projects the young people involved learned new, applied skills ranging from archeology and anthropology to carpentry and wiring. Not so visible is the large number of Gloucester Experiment participants who continued exploring new careers after their work with the Experiment ended. The normal rate of Gloucester high school seniors who go on to college, for example, is 20 percent; for the heterogeneous Gloucester Experiment group, which included many high school dropouts, it was 40 percent.

The effect of the program on its youthful participants was only part of the process, however. Just as important, according to Duca, has been the program's impact on several different aspects of the broadly defined community. The Gloucester Experiment's main goal is to develop community partnerships that will lead to institutional change. Duca explains this process by drawing a series of concentric circles: each one represents one level of community; the effects of the process spread outward from one level to another, reaching increasingly broader areas.

☐ The first level is the subsection of the community in which the project is located. In the case of the Gloucester Experiment, this is the Bay View community, a neighborhood of Gloucester, which is the second largest city by land area in Massachusetts and consists of several scattered, densely populated areas that once were individual towns and villages.

☐ A second level is the city-wide community. The Gloucester Experiment was instrumental, for example, in creating an alternative course at the high school in burial ground restoration that allowed the original group of participants to receive credit for works done outside the classroom. Subsequently, the school district set up a special department for alternative programs. The Experiment also set a precedent for the development of several

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other career centers throughout the city. In cooperation with the local drug abuse treatment center, Project Nuva, the Experiment helped to initiate new prevention projects, primarily around the concept of career development. "Al helped us see that there was a purpose for us here and a role for prevention," says Project Nuva director Bill Dubin. "A lot of people in the community are writing CETA proposals now around the idea of community partnership. People buy it because it's healthy and it makes sense."

☐ A third level is what Duca calls "Beyond Gloucester." Participants in the Gloucester Experiment visited neighboring communities, and even Boston inner-city communities, to act as active disseminators of the Gloucester Experiment concept. As a result, nearly a dozen community development projects ranging from a small truck farm to a cooperative food market to the restoration of a blacksmith shop have been launched in these communities.

☐ A fourth level is that of State policy and legislation. At the beginning of the project Duca and his group discovered that the removal of gravestones from burial grounds was prohibited under existing State law; consequently, they initiated the lengthy and complicated legislative process that led to a new law allowing them to remove the stones for repair.

☐ The fifth level is regional, particularly through the involvement of the Prudential Insurance Company in Channel One. This demonstration project was designed to test the universality of the Gloucester Experiment throughout the New England region.

☐ The sixth level is the level of the Federal government, which has supported the concept of the Experiment for four years and disseminated it throughout the country.

☐ The seventh level is a newly emerging Federal/State/community/private sector partnership that has begun to create new directions for economic development throughout the New England region. Six years ago the New England Regional Commission was established by the Federal government to revitalize the region's economic base by developing new industries. After six years, few new industries were developed and now a new coalition, the New England Governors' Council, has taken a different approach to the mission. According to Al Duca, "It isn't just jobs we have to focus on—it's work. I think that the Governors' Council is beginning to realize that we have to invent new work, not just focus on revitalizing old jobs."

Al Duca sums up the Gloucester Experiment process with a characteristic burst of optimism and enthusiasm. "The schools aren't the problem, the government isn't the problem, the community isn't the problem," he says. "The basic issue of prevention is creating social and cultural opportunities for mental health and this involves all of society's institutions. So there's no point in attacking any of these institutions in themselves or blaming them. It's a matter of time. We're involved in a massive transition. We're moving into a new sequence of discovery."

YOUTH SELF HELP
NEVADA CITY, CALIFORNIA

Youth Self Help, a comprehensive independent youth service agency that is well on its way to being the unofficial division of youth services for Nevada County, California, exemplifies what many youth-service programs encounter in rural communities—and the battles they must fight. It is impossible to view an agency like Youth Self Help without realizing that it exists within a setting that can be unreceptive to the point of cold hostility.

As in many rural communities that lie in the path of urban migration today, conflicts of age group orientation, tradition, and values are common in Nevada City. Actually, Nevada City is one of two cities with a combined population of about 8,000—the other one is Grass Valley—that form the heart of one of California's fastest growing counties. Until as recently as five years ago, old timers like to remember, almost everybody in the Nevada City/Grass Valley area had lived there for at least 20 years. Now hordes pour in every year from the overpopulated metropolitan regions—mostly well-educated whites with plenty of children. The age range of Nevada County is disproportionate, skewed in the directions of both youth and the elderly.

As a result of this sudden growth, conflicts between the "new" and the "old" can often be abrasive. On the one hand, observes the county's probation officer, Bill Heafey, "A lot of the older residents just aren't concerned about kids. They don't want to be bothered." On the other hand, families who fled the pressures of the city, almost invariably to provide their children with a better way of life, quickly discover that, as Heafey puts it, "Pine trees and oak leaves aren't going to change a kid's personality." The county has substantial problems of juvenile delinquency and drug and alcohol abuse among its youth. Yet the demands for services far exceed the county's ability to spend. When Heafey came to Nevada City in 1968, there was no recreation department (there is still no recreation department), no department of mental health, and no youth service agency where young people in trouble could go for help. "There were three people you could go to," says Heafey, "the probation officer, the minister, and the bartender."

In response to this clearly perceived need, probation officer Bud Burke started a community-service organization called Youth Self Help in 1971. The organization consisted of several different components: a day-care center, a counseling center, a fund-raising thrift shop, and a job placement service. It was staffed largely by volunteers and housed in an abandoned school building in Nevada City, which the agency rented from the county school department for $2.00 a year. One established resident of Nevada City recalls that Youth Self Help was known primarily as a refuge for troubled youth, especially youth who were deeply involved with drugs. "Some of the more conservative members of the community didn't like it at all," he recalls. "They used to say that whenever a hippie came to town his first stop would be the welfare department and his second stop would be Youth Self Help." It is an image with which the organization continues to struggle, albeit much less than it used to.

In fact, Youth Self Help has matured considerably since 1971. One might even say that the organization has cut its hair and joined the establishment.

A major factor in the changes that have taken place within the agency has been the sudden infusion of new money that began in the spring of 1975. First, Youth Self Help received seven CETA positions. Within a year came a grant for an early age alcohol education project through the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and a $110,000 grant from the Office of Criminal Justice Planning (OCJP), the State agency representing LEAA programs. By 1976, the organization's annual budget was over $150,000.

On the surface, such a sizable amount of new money may seem like the answer to every program director's dreams. In a way it was. It enabled the agency to hire an exceptionally well-qualified staff. The new money also created problems, however, that soon became all too apparent. One major problem was its highly temporary nature. The NIAAA grant was for only three years. The OCJP grant would be cut in half during the second year. Nor did the CETA funds have any guarantee of permanence. A sizable organization had been floated on soft money—with the continual annual threat of extinction that soft money implies. Moreover, at a time when the organization should have been turning most of its attention to developing sound, well-structured programs, it was also required to devote a great deal of its energies to proving its accountability and efficiency to its sponsors. "The problem with taking all that State and Federal money," says one sympathetic observer, "is that you have to spend two dollars to explain what you've done with every other dollar you spent."

The result was not exactly chaos, but neither was it an organization that ran like a European railway. In the spring of 1977, a meticulous OCJP report criticized Youth Self Help for poor recordkeeping. Momentarily the organization was in serious trouble, possibly even in danger of losing the next year's OCJP funding. A team of OCJP evaluators visited Nevada City in June to go through the records and finally came away satisfied after a series of grueling interviews with program director Cleve Cunningham and his staff.

"OCJP owns a lot of the blame, because they bought this system for nine months," says Cunningham. "When they first got here, they summoned me to the probation office conference room. I met with the head of Region D, OCJP and his herd of fiscal officers and

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the county auditor controller. But finally the conversation got turned around to how it could be straightened out. At first, they wanted to run a full financial audit of the agency. The next day the OCJP people came to the agency and I gave them a tour of the installation and I told them all about what we're doing here. At the end of the afternoon, the head of the OCJP team turned to me and said, 'This is the first time that I've ever visited a program and it didn't close down when I left.'"

If one of the reasons for the growth and development of Youth Self Help is the sizable amount of new money that has pushed the agency forward, the other reason is Cleve Cunningham. A retired Army colonel who talks the salt-and-pepper language of a poet of the trenches, Cunningham has clearly dedicated one of his lives entirely to Youth Self Help. Part of the reason, he readily admits, is that in another one of his lives he was a full-fledged alcoholic. "I saw an opportunity to create a situation that would prevent that," Cunningham says, "and I grabbed it." The particular opportunity was the position of coordinator of the early age alcohol education program funded by NIAAA, which Cunningham took over in the fall of 1975. Cunningham also moved his family from the Bay Area to Nevada City at that time. It was not a careless or impetuous move. In a way, it was an opportunity to test out a dream. "We're here to be change agents," says Cunningham. "To affect the way kids are reared, the way they work, the way they're educated. Our dream is to be a youth service agency where any of the 7,400 kids in Nevada County can come and experience us in a variety of ways during the period of time that they are labeled youth."

If the services that Youth Self Help offers are any indication of the degree to which the dream has been realized, it is well on its way to fruition.

These services include:

☐ A day-care program for approximately 100 children;
☐ School programs that emphasize affective education techniques at the elementary levels and group counseling and life career planning at the secondary levels;
☐ Parent education programs;
☐ Recreation programs throughout the week;
☐ A summer day camp;
☐ Crisis counseling and individual and family counseling on an as-needed basis;
☐ A job-training program for youth who are on probation from the juvenile justice system;
☐ A job-placement service that helps young people to find jobs and also provides local employers with part-time help.

Cunningham became director of Youth Self Help when his predecessor, Karen Bettis, resigned to have a baby. Having worked closely with Bettis for a year, however, Cunningham was primed for the job.

"Under Karen, the organization used consensus decision-making," says Cunningham. "Under me, it's more authoritarian. I use the military model. My board and my staff are comfortable with the program, I think. I say, 'This is what needs to be done,' but I don't subvert the authority of the others in the chain of command."

Military metaphors are virtually inevitable in Cunningham's conversation. In fact, Cunningham makes no attempt to hide his stragegy. "A very important fact about me is that I'm a soldier," he says. "I was a very good soldier. Once a soldier has defined his objectives and analyzed his mission, he writes a plan to either capture or destroy his opponents or else to neutralize them. We aren't Machiavellian or devious here. We manipulate events, but not people. Very clearly, as a staff, with some leadership and input, we agreed that what we should be is a youth-service bureau meeting the needs of the healthy or of the sick. There are pockets of resistance to that notion in the community. In our opinion, they're caused by ignorance or vested interest. As a strategy, we've been dispelling the ignorance and either converting key people in the populace to our side or continuing to target those key people."

Cunningham's basic strategy so far has focused on two closely related objectives. The first is the organization of a coalition of youth-service and human-service agencies in the county. This organization, called the United Service Council, has functioned for a year and includes almost every county human-service agency. Although the Council failed in 1976 to get the approval of the county supervisors for a fundraising campaign that would have allowed payroll deductions, it has met regularly and become a highly visible organizing mechanism. The second objective has been to reinforce the credibility of Youth Self Help by overcoming the natural resistance of small rural communities to embrace the "new." This has involved a concentrated, day-in and day-out public relations effort ranging from new programs within the agency to Cunningham's own personal contacts with people in the community. Both strategies have been amazingly successful by any measure.

This summer day camp, for example, which was launched for the first time in 1977, suddenly made people in the community who had viewed Youth Self Help as an agency just for troubled youth aware that Cunningham's goal of a total youth-service agency was close to being a reality. "I think Youth Self Help has become more established in the community," says Ron Hunt, coordinator of the county's CETA youth programs. "People are beginning to understand what they're doing. The summer recreation program has given them plenty of brownie points."

One of the people Cunningham has cultivated is Barbara Sailor, a resident of Nevada City for 18 years and until recently director of the most established and "respectable" (read "old") community-based agencies in the county, the Community Workshop, which provides assistance to the mentally retarded. "Youth Self Help definitely could have a very solid place in the community," says Sailor. "I don't know that it's there yet—a program in this community has to be established a good many years before it's accepted. Youth Self Help has had some identity problems, problems articulating to the community exactly what their programs are. Now we're beginning to see more clarity from them." Asked her opinion about the agency's chances of permanence in the county, Sailor responds thoughtfully. "When you look at Youth Self Help," she says, "which has to depend almost entirely on grants, I just don't know. I don't know how you operate a program like that. Our program is completely self-supporting and we don't have that problem. I'm not sure the county supervisors will go for Youth Self Help being a county-funded program. They take a very close look at social services in this county and they aren't overjoyed with giving revenue sharing money for anything except roads and buildings."

Although there was reason for skepticism, Cunningham and his allies in the United Services Council finally prevailed on the Board of Supervisors in the summer of 1977 to allocate $91,000 in revenue sharing funds to eight different human-service programs; $24,000 of this amount went to Youth Self Help. "The United Services Council got the supervisors to say yes, human needs are our responsibility, and yes, the youth of this county are our responsibility," Cunningham said after this victory. "Now our next step is to buy our own building and we're in business."

PROJECT PROMISE
WASHOE COUNTY, NEVADA

Late in the summer of 1974, Marshall Newman, who had worked both as a junior high school social studies teacher and a narcotics investigator in Nevada, took the job of drug education coordinator for the Washoe County School District. The Washoe County district, with one of the largest school populations in the State, includes the rapidly growing Reno-Sparks area and booming Incline Village, on the northeast shore of Lake Tahoe 45 miles away. Like most of Nevada's county-wide school districts, the Washoe County district is also extensive geographically—nearly 200 miles by 75 miles. It has 53 schools, most of which are located in the Reno-Sparks area.

The mere size and geographical scope of the district were challenge enough, but Newman had to deal with a more immediate problem. The district was committed to sending a team of five district personnel for two weeks of residential training at the U.S. Office of Education regional training center in Oakland, California, in October. Although district officials had made the arrangements and recruited the team members before the end of the last school year, only one of the original team members was still available to go. The first test of Newman's ability to do his job was recruiting three more team members to leave the district for two weeks and, more important, entering into this ambitious enterprise with at least some hope that the team would be successful.

Newman was lucky. The group that went to Oakland was, as one of the trainers at the center put it, "one of the most together teams that's ever come through here." The group's instant compatibility, personal friendship, warmth, and openness created a solid foundation for an effort to build a system-wide drug abuse prevention program over a period of several years. That effort, which the team gave the name "Project Promise," still continues.

According to Newman, the two weeks of training at the Region VIII center was a critical factor in the team's later success. The center is one of a national system of training centers established by the U.S. Office of Education's Alcohol and Drug Abuse Education Program in 1972. Still in operation, the centers train a dozen or more teams at a time in a series of two-week residential cycles. Although the training techniques of the various centers differ in degree and style, they commonly include organization development methods, strategies for setting up and implementing school and community-based prevention programs, and presentations of model drug abuse prevention strategies.

"I had very few expectations of the training," recalls Newman. "I assumed we would have some help from people who had set up programs themselves. I knew from the literature they sent me that we would be working from nine in the morning until nine at night in various workshop situations. Looking back on it, I think the most important thing we gained involved team building. The center provided an atmosphere of acceptance and positiveness. It gave us an opportunity to view programs and learn new skills and meet a lot of interesting people. Essentially, it gave us a chance for thirteen days to interact with each other, get to know each other, and learn a lot of things we needed to know about making a program work."

One of the requirements of attending training at the OE regional centers is the team's commitment to implement an action plan upon returning to its community. Although the Washoe County team had been charged with developing a peer counseling program, according to Newman, "None of us really had a clear idea of what peer counseling meant before we went for training. My boss told me it was a program that would help us extend the counselors' services through students and we should give it a try." By the end of the training cycle, however, the team had a very clear idea of what peer counseling meant, primarily through presentations of the Dade County, Florida PRIDE program (see page 29) and a similar program in the Bay Area.

The PRIDE program, on which the peer counseling component of Project Promise is modeled, was initiated with county funding of $1.2 million. This enabled PRIDE to hire resource people for each school in the county. During its first half year, the Washoe County team had to make do with energy and personal commitment alone. A lack of time and resources would continue to be a problem.

But it was a problem that Newman and company anticipated and were prepared to deal with. The team returned home with three basic goals: 1) to get its peer counseling program to succeed; 2) to implement drug abuse prevention efforts at all levels of the school district; and 3) to coordinate and establish a single identity for all the school district's drug abuse prevention efforts—hence the name Project Promise.

The team had also developed some valid organizational principles. "We agreed that we would always operate from a position of strength," says Newman, "and that we would deal only with people who were supportive. When we began the peer counseling program we got the students who were turned on to it to turn on other students. We trained teachers in other techniques and we got them turned on. We approached the administration only with those things they needed to know. This strategy has worked all the way through. Teachers have spread it around. The counselors have supported it. The school administrators began to see how positive things were and they began to tell other administrators in their meetings about all these good things."

Upon its return from Oakland, the team met once every two weeks, after school and on weekends. During these meetings the team members reported to each other on the progress they were having in developing support for the program in their respective schools and designed training packages and curriculum materials that would be used in the peer counseling classes and in inservice training sessions for teachers. Peer counseling classes were initiated in three of the high schools in January 1975. At the same time, Newman and another team member offered a series of inservice training workshops in counseling and affective techniques. Meanwhile, the group actively recruited new members. During the summer of 1975 the team set up a week-long training session at a lodge in the nearby Sierras and invited 28 of the most promising recruits. The training consisted primarily of reviews of programs that were being implemented in the district under Project Promise, group work in interpersonal communications, and team building—a training cycle, in short, that was similar to the one the team itself had experienced at the Oakland training center. Although the participants volunteered their time, the expenses of the workshops were paid out of a $24,000 Federal grant that Newman had obtained during the spring in order to expand the program. "It was one of the best conferences I've ever been to," says Newman. "By the time that week was finished, we had an additional 28 people thoroughly committed to doing the program. All except two of them are still doing it."

Project Promise continued to grow during the following year and, just 13 months after the first team went for training in Oakland, a second team also attended a training cycle at the Region VIII center, this time to develop an action plan focusing on a parent education component. By the end of the second year, 35 of the district's schools were involved in Project Promise and the program contained a variety of components ranging from kindergarten through twelfth grade and including parent education, as well. Newman and members of the two teams had also produced a series of training manuals, curriculum guides, and a videotape and slide presentation describing the program's activities.

Although Project Promise has expanded through the Washoe County district in a relatively short time, Newman cautions that the "snowball" principle of program organization can easily tend "to water down the quality too fast. We try to select the people who have shown the greatest amount of strength and then we increase their strength. We keep calling them back for further training. We realized soon after the beginning that if we moved too fast, we were going to sacrifice a great deal of quality, so we pulled in our horns and slowed down."

Another Project Promise strategy has also been problematical—the use of "Area Resource People." Usually members of one of the original teams, the "ARP's" have two days a month each, paid for by general school funds and outside grants, in which to provide services and technical assistance to between four and ten different schools. Observes one ARP, Laurie Albright, "It's difficult enough to organize my own school. Two years ago I was the only person who knew about peer counseling. I recruited people and then we had a small core group. Three of us have carried it in my school for the last year. I talked with my principal, who has been very supportive, and I said 'How are we going to get people involved in this if it's always voluntary?' So he decided to have a mandatory faculty meeting where our team is going to introduce the faculty to some of these techniques. He's also going to reorganize the curriculum to have values clarification, decision-making, and a career class." Nevertheless, Albright admits, the ARP's responsibility "could be a full-time job in one school."

"Last year I went into eight out of ten classes," says Project Promise recruit Gail Meier, "and did an activity once a week. I recruited two other teachers in my school and wrote up a proposal. The principal was skeptical, I think, but he said, 'All right, go ahead.' So now the three of us teach a values clarification class. There's apathy among many of the faculty still, but I've found the greatest support for what we're doing comes from the parents. They've told me that the kids talk a lot about these activities at home. Parents have told me their kids really want it and need it. I think Project Promise is the answer to 90 percent of the problems kids have in school—dropouts, absenteeism, drugs, everything."

NOTES

Chapter 1

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4. National Institute on Drug Abuse. *Manpower and Training Strategy: 1977.* Rockville, Md.: the Institute, 1977. p. 25.
5. National Institute on Alcohol Abuse and Alcoholism. *Alcohol and Health.* Gaithersburg, Md.: the National Clearinghouse for Alcohol Information, 1975.
6. National Institute on Drug Abuse. "Tobacco As a Drug of Dependence." (Unpublished paper). Rockville, Md.: 1977.
7. National Institute on Drug Abuse. *Marijuana and Health. Sixth Annual Report to the U.S. Congress.* Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1976.
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11. North Carolina Drug Commission. *Human Growth and Development Through Primary Prevention: Report of an Interdisciplinary Conference.* Charlotte, N.C.: the Commission, 1976.
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13. Cabinet Committee on Prevention, Treatment, and Rehabilitation: Subcommittee on Prevention. *Recommendations for Future Federal Activities in Drug Abuse Prevention.* Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1977, pp. 6-7.
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16. Schaps, E.; Cohen, A.Y.; and Resnik, H.S. *Balancing Head and Heart: Book 1, Prevention in Perspective.* Lafayette, Calif.: Prevention Materials Institute, 1975. Chapter 1.
17. National Institute on Drug Abuse. *Toward a National Strategy for Primary Drug Abuse Prevention.* Rockville, Md.: The National Clearinghouse for Drug Abuse Information, 1975.
18. Manpower and Training Branch, National Institute on Drug Abuse. *Manpower and Training Strategy: 1977.* Rockville, Md.: Manpower and Training Branch, National Institute on Drug Abuse, 1977.
19. Kenniston, K. and The Carnegie Council on Children. *All Our Children: The American Family Under Pressure.* New York: Harcourt, Brace, and Jovanovitch, 1977. p. 4.

Chapter 2

1. McGuire, W.J. Communication-persuasion models for drug education. Goodstadt, M., ed. *Research on Methods and Programs of Drug Education.* Toronto, Ontario: Addiction Research Foundation of Ontario, 1973. pp. 1-26.
2. Boise Schools. *Parents-Youth Drugs.* Boise: the Schools, 1975.
3. School Health Program, California State Department of Education. *A Study of a Model Program for School and Community Alcohol Education.* Sacramento: the Program, 1977.
4. Schaps, E. and Slimmon, L.R. *Balancing Head and Heart, Book 2, Eleven Strategies.* Lafayette, Calif.: Prevention Materials Institute, 1975. p. 81.
5. Dollar, B. *Learning and Growing Through Tutoring.* New York: National Commission on Resources for Youth, 1974. p. viii.
6. Dollar, B. *Learning and Growing Through Tutoring.* New York: National Commission on Resources for Youth, 1974. p. v.

7. Dollar, B. *Learning and Growing Through Tutoring.* New York: National Commission on Resources for Youth, 1974. p. v.

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16. Cohen, A.Y. *Alternatives to Drug Abuse: Steps Toward Prevention.* Washington, D.C.: National Institute on Drug Abuse, 1975.

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RESOURCES

The list of available resources in the field of drug abuse prevention grows longer every year. Books, articles, curricula, audiovisual materials, and training centers specializing in drug abuse prevention strategies and organizational techniques have proliferated throughout the country. Even a representative catalog of these resources would nearly double the size of this book. The purpose of this section is to present an overview of the most practical resources on which to base more concentrated investigations of particular strategies and programs.

Perhaps the most important resource that program initiators and others interested in promoting drug abuse prevention programs will want to explore is existing drug prevention programs in their communities or in neighboring communities. If the program initiators are unable to locate programs by inquiring among people they know, they may be able to obtain information about prevention programs from the local school district or juvenile justice agencies.

Other primary resources about drug abuse prevention and prevention programs include:

☐ *Single State Agencies for Drug Abuse Prevention* (SSAs). Each State has a single agency for the various drug abuse prevention, treatment, and rehabilitation programs within the State. These SSAs are a good place to contact first if you want to find out about programs and services close to your home. They are listed on the inside back cover of this pamphlet.

☐ *The Prevention Branch of the National Institute on Drug Abuse* is the focus for all prevention programs and activities within NIDA. Their address is:

Prevention Branch
Division of Resource Development
National Institute on Drug Abuse
Room 10A-30
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

☐ *The National Clearinghouse for Drug Abuse Information,* operated by the National Institute on Drug Abuse, provides the latest information on drugs, prevention, and treatment free to anyone requesting it. Contact:

National Clearinghouse for Drug Abuse Information
Room 10A-56
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-6500

☐ PYRAMID, an information sharing and technical assistance support system funded by the National Institute on Drug Abuse. Address: 39 Quail Court, Suite 201, Walnut Creek, California 94596. (800) 227-0438 (outside California) or (415) 939-6666 (inside California).

☐ The *Prevention Resource Bulletin,* a newsletter published by the National Institute on Drug Abuse that contains up-to-date information on new prevention programs, strategies, and developments in the field.

Available from: 4608 North Park Avenue
Chevy Chase, Maryland 20015

☐ National Clearinghouse for Drug Abuse Information. Address: Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857.

☐ National Clearinghouse for Alcohol Information. Address: 9119 Gaither Road, Gaithersburg, Maryland 20760.

☐ *Balancing Head and Heart: Book 2, Eleven Strategies,* and *Book 3, Implementation and Resources.*

Available from: Prevention Materials Institute
P.O. Box 152
Lafayette, California 94549

☐ *Resources for Youth*, the newsletter of the National Commission on Resources for Youth.
Available from: National Commission on Resources for Youth
36 West 44th Street
New York, New York 10036

☐ *Youth Alternatives*, the newsletter of the National Youth Alternatives Project.
Available from: National Youth Alternatives Project
1346 Connecticut Avenue, N.W.
Washington, D.C. 20036

☐ *Primary Prevention in Drug Abuse: An Annotated Guide to Literature.*
Available from: National Clearinghouse for Drug Abuse Information
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

The following books are recommended for further investigation of specific prevention strategies and topics.

Drug Abuse Prevention and Youth Policy

Kenniston, K. *All Our Children: The American Family Under Pressure.* New York: Harcourt, Brace, Jovanovich, 1977.

A Minnesota Primer on the Prevention of Chemical Use Problems. Chemical Dependency Programs Division, Minnesota Department of Public Welfare.
Available from:
Documents Section
Department of Administration
140 Centennial Building
St. Paul, Minnesota 55155

A Design for Youth Development Policy. Center for Action Research, Inc., Boulder, Colorado.
Available from:
Center for Action Research, Inc.
2019 10th Street
Boulder, Colorado 80302

Drug Abuse Prevention For Your Family
Drug Abuse Prevention For You and Your Friends
Drug Abuse Prevention For Your Community
Drug Abuse Prevention For Older Americans
Drug Abuse Prevention For the Media
Drug Abuse Prevention (general audience)
La Prevención del Abuso de las Drogas (Spanish Language)

Available from:
National Clearinghouse for Drug Abuse Information
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Drugs — Pharmacology

Brecher, E.M. and the editors of Consumer Reports, *Licit and Illicit Drugs.* Boston: Little, Brown, 1972.

Summers, M., et. al., *Our Chemical Culture: Drug Use and Misuse.* Madison, Wisconsin: Stash Press, 1975.

Drug Abuse Prevention Strategies

Information:
Brecher, E.M. and the editors of Consumer Reports. *Licit and Illicit Drugs.* Boston: Little, Brown, 1972.
Deciding (curriculum materials).
Available from:
Alameda County School Department
Training and Development Center
685 A Street
Hayward, California

Affective Education:
Simon, S.B., Howe, L.W., and Kirshenbaum, H. *Values Clarification.* New York: Hart Publishing Company, 1972.
Harris, T.A. *I'm OK — You're OK.* New York: Harper and Row, 1973.
Ombudsman, Charlotte Drug Education Center, (curriculum materials).
Available from:
Charlotte Drug Education Center, Inc.
1416 Morehead Street, Suite 201
Charlotte, North Carolina 28204
The New Model Me (curriculum materials).
Available from:
Order Department
Educational Research Council of America
Rockefeller Building
Cleveland, Ohio 44113
Canfield, J. and Wells, H.C. *100 Ways to Enhance Self Concept in the Classroom.* Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1976.
Glasser, W.M. *Schools Without Failure.* New York: Harper and Row, 1969.

Peer and Cross-Age Tutoring and Counseling:
Youth Tutoring Youth and *Learning and Growing Through Tutoring.* National Commission on Resources for Youth.
Available from:
National Commission on Resources for Youth
36 West 44th Street
New York, New York 10036
Samuels, D. and M. *The Complete Handbook of Peer Counseling.* Miami: Fiesta Publishing Corp., 1975.

Life Career Planning:
Bolles, R.N. *What Color Is Your Parachute?* Berkeley: Ten Speed Press, 1976.
Bolles, R. and Crystal, J.C. *Where I Go From Here With My Life.* New York: Seabury Press, 1974.
Glasser-Kirschenbaum, B. and H. *Skills for Living* (curriculum guide). Quest, Inc., 1977.
Available from:
Quest, Inc.
2707 North Main Street
Findlay, Ohio 45840

Alternatives:
Cohen, A.Y. "Alternatives to Drug Abuse: Steps Toward Prevention," National Institute on Drug Abuse.
Available from:
National Clearinghouse for Drug Abuse Information
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Glasser, W. *Positive Addiction.* New York: Harper and Row, 1977.

McCloskey, M. and Kleinbard, P. *Youth Into Adults.*

Available from:
National Commission on Resources for Youth
36 West 44th Street
New York, New York 10036

New Roles for Youth in School and Community. National Commission on Resources for Youth.

Available from:
Citation Press
50 W. 44th Street
New York, New York 10036

Parenting:

Gordon, T. *Parent Effectiveness Training.* New York: Peter H. Wyden, 1972.

A Family Response to the Drug Problem. National Institute on Drug Abuse.

Available from:
National Clearinghouse for Drug Abuse Information
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Since You Care (curriculum guide). Erie Council on Drug and Alcohol Abuse Prevention.

Available from:
Erie County Council on the Prevention of Alcoholism and Drug Abuse
155 West 8th Street
Erie, Pennsylvania 16501

Dreikers, R. *Parents' Guide to Child Discipline.* New York: Hawthorn Publishing Co., 1970.

Program Organization

Funding:

National Youth Alternatives Project. *Stalking the Large Green Giant.*

Available from:
National Youth Alternatives Project
1346 Connecticut Ave., N.W.
Washington, D.C. 20036

Grantsmanship Center News (periodical).

Available from:
The Grantsmanship Center
1015 West Olympic Boulevard
Los Angeles, California 90015

Evaluation:

Abrams, A., Garfield, E.F., and Swisher, J.D. (eds.) *Accountability in Drug Education: A Model for Evaluation,* 1973.

Available from:
The Drug Abuse Council, Inc.
1828 L Street, N.W.
Washington, D.C. 20036

Blanton, J. and Alley, S. *Program Development: A Manual for Organizational Self-Study.* Washington, D.C.: National Institute of Health, 1975.

Community Organizing:

Collins, A.H. and Pancoast, D.J., *Natural Helping Networks.* Washington, D.C., National Association of Social Workers, 1977.

PYRAMID. *The Media Manual.*

Available from:
PYRAMID
39 Quail Court, Suite 201
Walnut Creek, California 94596

Alternative Schools Network
1105 West Lawrence, Room 210
Chicago, Illinois 60604

SINGLE STATE AGENCIES

ALABAMA
Drug Abuse Program Section
Division of Alcoholism and Drug Abuse
Department of Mental Health
145 Molton Street
Montgomery, Alabama 36104
ALASKA
Office of Drug Abuse
Dept. of Health & Social Services
Pouch H-01D
Juneau, Alaska 99801
ARIZONA
Drug Abuse Programs
Division of Behavioral Health Services
Department of Health Services
2500 East Van Buren
Phoenix, Arizona 85008
ARKANSAS
Office of Drug and Alcohol Abuse Prevention
Dept. of Social & Rehab. Services
1515 Building
1515 West 7th
Little Rock, Arkansas 72203
CALIFORNIA
California Department of Health
Substance Abuse Division
Room 1592, 744 P Street
Sacramento, California 95814
COLORADO
Alcohol & Drug Abuse Division
Department of Health
4210 East 11th Avenue
Denver, Colorado 80220
CONNECTICUT
Connecticut Alcohol and Drug Council
Department of Mental Health
90 Washington Street
Hartford, Connecticut 06115
DELAWARE
Bureau of Substance Abuse
Governor Bacon Health Center
Cottage #8
Delaware City, Delaware 19706
FLORIDA
Bureau of Drug Abuse Prevention
Division of Mental Health
Dept. of Health & Rehab. Services
1323 Winewood Blvd.
Tallahassee, Florida 32301
GEORGIA
Alcohol and Drug Abuse Section
Div. of Mental Health & Retardation
Department of Human Resources
618 Ponce De Leon Avenue, N.E.
Atlanta, Georgia 30308
HAWAII
Alcohol and Drug Abuse Branch
Department of Health
1270 Queen Emma Street, Room 404
Honolulu, Hawaii 96813
IDAHO
Bureau of Substance Abuse
Division of Community Rehabilitation
Department of Health and Welfare
LBJ Building, Room 327
Boise, Idaho 83720
ILLINOIS
Dangerous Drugs Commission
300 North State Street, 15th Floor
Chicago, Illinois 60610
INDIANA
Division of Addiction Services
Department of Mental Health
5 Indiana Square
Indianapolis, Indiana 46204
IOWA
Iowa Drug Abuse Authority
615 East 14th Street
Des Moines, Iowa 50319
KANSAS
Drug Abuse Unit
Dept. of Social and Rehab. Services
Biddle Bldg.
2700 W. 6th Street
Topeka, Kansas 66608
KENTUCKY
Alcohol and Drug Abuse Branch
Division for Prevention Services
Bureau of Health Services
Department of Human Resources
275 East Main Street
Frankfort, Kentucky 40601
LOUISIANA
Bureau of Substance Abuse
Division of Hospitals
Louisiana Health and Human
Resource Administration
Weber Building, 7th Floor
Baton Rouge, Louisiana 70801
MAINE
Office of Alcoholism and Drug
Abuse Prevention
Bureau of Rehabilitation
32 Winthrop Street
Augusta, Maine 04330
MARYLAND
Drug Abuse Administration
Dept. of Health & Mental Hygiene
Herbert O'Conor Office Building
201 W. Preston Street
Baltimore, Maryland 21201
MASSACHUSETTS
Division of Drug Rehabilitation
Department of Mental Health
190 Portland Street
Boston, Massachusetts 02114
MICHIGAN
Office of Substance Abuse Services
3500 North Logan Street
P.O. Box 30035
Lansing, Michigan 48909
MINNESOTA
Drug and Alcohol Authority
Chemical Dependency Division
Dept. of Public Welfare
402 Metro Square Building
St. Paul, Minnesota 55101
MISSISSIPPI
Division of Drug Misuse
Department of Mental Health
1001 Lee State Office Building
Jackson, Mississippi 39201
MISSOURI
Division of Alcoholism & Drug Abuse
Department of Mental Health
2002 Missouri Blvd.
Jefferson City, Missouri 65101

MONTANA
Addictive Diseases Division
Department of Institutions
1539 11th Avenue
Helena, Montana 59601
NEBRASKA
Nebraska Commission on Drugs
P.O. Box 94726
State Capitol Building
Lincoln, Nebraska 68509
NEVADA
Bureau of Alcohol & Drug Abuse
Rehabilitation Division
Department of Human Resources
505 East King Street
Carson City, Nevada 89710
NEW HAMPSHIRE
Office of Drug Abuse Prevention
3 Capital Street, Room 405
Concord, New Hampshire 03301
NEW JERSEY
Division of Narcotic and Drug Abuse Control
Department of Health
541 East State Street
Trenton, New Jersey 08609
NEW MEXICO
Drug Abuse Agency
Department of Hospitals & Institutions
113 Washington
Santa Fe, New Mexico 87501
NEW YORK
Office of Drug Abuse Services
Executive Park South
Albany, New York 12203
NORTH CAROLINA
North Carolina Drug Commission
Box 19324
Raleigh, North Carolina 27609
NORTH DAKOTA
Division of Alcoholism and Drug Abuse
Department of Health
909 Basin Avenue
Bismarck, North Dakota 58505
OHIO
Ohio Bureau of Drug Abuse
Division of Mental Health
Department of Mental Health and
Mental Retardation
2929 Kenny Road, Room B207
Columbus, Ohio 43221
OKLAHOMA
Division of Drug Abuse Services
Department of Mental Health
P.O. Box 53277, Capitol Station
Oklahoma City, Oklahoma 73105
OREGON
Programs for Alcohol and Drug Problems
Mental Health Division
Department of Human Resources
2575 Bittern Street, N.E.
Salem, Oregon 97310
PENNSYLVANIA
Governor's Council on Drug and Alcohol Abuse
Riverside Office Center
Building #1, Suite N
2101 North Front Street
Harrisburg, Pennsylvania 17110
RHODE ISLAND
Rhode Island Drug Abuse Program
Department of Mental Health and
Retardation and Hospitals
303 General Hospital
Rhode Island Medical Center
Cranston, Rhode Island 02920
SOUTH CAROLINA
South Carolina Commission on Alcohol
and Drug Abuse
3700 Forest Drive
P.O. Box 4616
Columbia, South Carolina 29240
SOUTH DAKOTA
Division of Drugs and Substance Control
Department of Health
Joe Foss Building
Pierre, South Dakota 57501
TENNESSEE
Alcohol and Drug Abuse Section
Department of Mental Health
501 Union Street, 4th Floor
Nashville, Tennessee 37219
TEXAS
Drug Abuse Division
Department of Community Affairs
Box 13166, Capitol Station
Austin, Texas 78711
UTAH
Division of Alcoholism and Drugs
554 South 300 East
Salt Lake City, Utah 84111
VERMONT
Alcohol and Drug Abuse Division
Department of Social & Rehab. Services
State Office Building
Montpelier, Vermont 05602
VIRGINIA
Department of Mental Health/
Mental Retardation
Division of Substance Abuse Control
Commonwealth of Virginia
P.O. Box 1797
Richmond, Virginia 23214
WASHINGTON
Office of Drug Abuse Prevention
Community Services Division
DSHS, OB-43E
Olympia, Washington 98504
WEST VIRGINIA
Division of Alcoholism and Drug Abuse
Department of Mental Health
1800 Washington Street, East
Charleston, West Virginia 25305
WISCONSIN
Bureau of Alcohol & Other Drug Abuse
Division of Mental Hygiene
Department of Health and Social Services
One West Wilson Street, Room 523
Madison, Wisconsin 53702
WYOMING
Drug Abuse Programs
State Office Building West
Cheyenne, Wyoming 82001